

VCJPA WORKERS' COMPENSATION CLAIMS MANUAL



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I. Introduction

Under California law, an employer is legally obligated to provide benefits to its employees for injuries or illnesses that arise out of and in the course of employment. Employers may choose coverage for workers' compensation from the commercial insurance market or elect to self-insure for this exposure. As public agencies, VCJPA member districts have elected to self-insure and share their workers' compensation coverage and risks in a pooling environment.

This handbook is provided as a tool to help you manage your workers' compensation program, answer frequently asked questions, and provide general information regarding workers' compensation and the VCJPA program.

II. The VCJPA Workers' Compensation Program

A. How the Program Works

In 1987, the VCJPA adopted a new program for providing coverage for workers' compensation claims that included the sharing of claims costs and other program costs between the member districts. This program was called the Pooled Workers' Compensation Program (PWCP), and it is still in force today.

The PWCP provides coverage through a pooling plan that permits the member districts to retain a portion of each claim. The retained limits available to the individual member districts are \$2,500, \$5,000, \$10,000, \$25,000, and \$50,000.

Until the 1992/93 program year, the PWCP purchased excess insurance, which established the upper limits of the pool's exposure for any one occurrence. Effective July 1, 1992, the VCJPA became a member of the Local Agency Workers' Compensation Excess Joint Powers Authority (LAWCX), a joint powers authority comprised of a number of other joint powers authorities and individual entities. LAWCX's members currently risk share the layer between \$500,000 and \$5,000,000, and purchased an excess insurance policy with a limit of \$250,000,000 in excess of \$5,000,000.

To make the PWCP effective and efficient, as well as fair and equitable to the member districts, the pooling feature of the program provides that:

1. All workers' compensation claims will be paid by the VCJPA on behalf of the member districts;
2. Each member district accepts responsibility for its own losses up to its retained limit but is exempt from sharing any other member district's losses up to its retained limit. Example: A district with a retained limit of \$25,000 pays the first \$25,000 of each of its losses; however, it does not share in any other member district's losses that are less than \$25,000;

3. Each program year will be operated and maintained as a separate set of records detailing the contributions of the member districts, interest earned on the idle funds, each incurred loss during the program year, and every related cost that applies to the year;
4. Every member district will contribute a deposit premium into the program each year to pay its own losses up to its retained limit, its allocated share of losses of other member districts which exceed the member districts' retained limits, and its allocated share of the operating costs of the PWCP; and
5. Every member district will deposit its expected costs into the program. After a reasonable time period, the accounts of each member district will be reviewed. Any surplus funds will be returned to the member districts, and any deficiency of funds will be collected from the member districts. This process is referred to as the "Retrospective Adjustment" process.

The PWCP has an aggregate stop loss feature which was formed to set a level beyond which no further losses for a program year will be charged to a member district. (Limits the number of times a member district can get hit within its own retained limit.) The aggregate stop loss attachment points are as follows:

<u>Retained Limit</u>	<u>Attachment Point</u>
\$2,500	\$5,000
5,000	10,000
10,000	20,000
25,000	50,000
50,000	100,000

In addition to the aggregate stop loss feature, the VCJPA also created a Mid-Layer Pool. The purpose of the Mid-Layer Pool is to reduce the effect of severe claims from impacting the Primary Pool of the PWCP. The accountability for the funds of the Mid-Layer Pool shall be maintained separate from the funds for the Primary or the Aggregate Pools.

Both the Aggregate and Mid-layer pools are pre-funded and are assessed separately from the primary pool.

The limits of workers' compensation coverage currently offered are structured as follows:

LAWCX & EXCESS COVERAGE STATUTORY LIMITS EXCESS OF \$500,000
VCJPA MID-LAYER POOL \$500,000 EXCESS OF \$250,000
VCJPA PRIMARY POOL (INCLUDING AGGREGATE POOL) \$250,000 EXCESS OF RETAINED LIMIT
MEMBER RETAINED LIMIT

VCJPA contracts with Bickmore, a firm specializing in the management of joint powers authorities, to handle the day-to-day operations of VCJPA. Bickmore's employees provide general administration, financial management, underwriting, loss prevention, claims management oversight, liability and litigation management, risk management, and other services as necessary for the operations of the organization.

VCJPA provides workers' compensation claims oversight through a dedicated, experienced Workers' Compensation Program Manager (WCPM) who conducts regular reviews of the claims program to assure quality claims handling and serves as a resource for members regarding workers' compensation concerns or questions.

This emphasis on experience, oversight, and resource has resulted in reduced claims costs and claims resolution to the benefit of VCJPA members.

Estimating the member's costs for the PWCP consists of using a loss factor from the actuary for the pooled funding portion, the LAWCX coverage costs, claims services and the administration costs allocated to the PWCP.

The primary funding portion determined by the actuary is distributed first by the use of estimated payroll. The estimated payroll is calculated by inflating the most recent calendar year payroll by 3%. This primary funding is then modified by an experience modification factor. LAWCX costs, claims services, and administration are distributed using the payroll of each member district.

All members pay the same rate regardless of the SIR. After a reasonable period of time the SIRs are applied through a retro-adjustment process.

Certain other expenses like Department of Industrial Relations' assessments and mid-layer pool contributions are distributed based on proportionate payroll.

The primary goal of VCJPA is to provide quality protection at a reasonable cost to its member districts. VCJPA strives to accomplish this goal through managing its rates, and remaining competitive in a constantly fluctuating market.

Acclamation Insurance Management Services (AIMS) is the selected Third Party Administrator (TPA) who is responsible for the payment of workers' compensation benefits and for the general direction of each claim.

Accurate and prompt reporting of injuries will help to direct the employee to appropriate care, begin benefits in a timely manner, and allow the claims administrator to make timely and informed decisions regarding claims.

Member districts are encouraged to work with the VCJPA WCPM and AIMS as a team regarding specific claims, and to address questions from member staff as well as employees.

B. Who Do I Contact?

Communication is important to the success of the VCJPA program.

VCJPA Web Site:	www.VCJPA.org
To report new injuries or claims:	AIMS
AIMS Address:	P.O. Box 269120 Sacramento, CA 95826
AIMS Phone:	916-563-1900 or Toll Free: 800-444-6157
AIMS Web Site:	https://www5.navrisk.aims4claims.com
To obtain information on existing claims:	AIMS
Claims Manager's Name and direct phone line:	Kim Silas 916-563-1900 Extension 222
Examiner's name and direct phone line:	Dayna L. Simondi 916-563-1900 Extension 242
AIMS Fax	916-563-1919
To obtain information on the PWCP:	Bickmore Toll Free: 800-541-4591

WCPM's name and direct phone line:	Judith Bals 800-541-4591 Extension 1155
To obtain information on the VCJPA program:	Bickmore Toll Free: 800-541-4591
Administrator's name and direct phone line:	Chrissy Mack 800-541-4591 Extension 1117
To obtain Risk Control Assistance:	Bickmore Toll Free: 800-541-4591
Risk Control Manager's name and direct phone line:	Tom Kline 800-541-4591 Extension 1121

C. What is an Injury or Illness?

An injury is defined in the California Labor Code (3208) as including “any injury or disease arising out of the employment, including injuries to artificial Members, dentures, hearing aids, eyeglasses and medical braces of all types; provided, however, that eyeglasses and hearing aids will not be replaced, repaired, or otherwise compensated for, unless injury to them is incident to an injury causing disability.”

Further Labor Code 3208.1 indicates, “An injury may be either: (a) ‘specific,’ occurring as the result of one incident or exposure which causes disability or need for medical treatment; or (b) ‘cumulative,’ occurring as repetitive mentally or physically traumatic activities extending over a period of time, the combined effect of which causes any disability or need for medical treatment.”

It is the responsibility of the management of any VCJPA WCP participant to report possible industrial injuries or illnesses to VCJPA. Determination of industrial causation will be made by the AIMS after a thorough review of all available information.

Any question as to whether or not an injury or illness should be reported should be directed to the VCJPA WCPM or AIMS.

D. Who is Covered?

Workers’ compensation benefits are provided through VCJPA to all legally employed individuals of the covered VCJPA participating member.

The covered member district is named in Endorsement No. 1 of the Declarations Page of the Memorandum of Coverage and is a “Member” as defined in the System’s Agreement. If a covered member named in Endorsement No. 1 of the Declarations Page loses its status as an active “Member” of the System, the coverage under this Memorandum of Coverage shall terminate immediately upon such change in status.

This agreement shall also apply to loss on account of injury, illness, or disease sustained by volunteer workers performing duties for, or on behalf of, the covered member while acting within the scope of their duties on behalf of the covered Member provided the covered member's Board has first adopted a resolution as provided in Section 3363.5 of the California Labor Code declaring such volunteer workers to be employees of the covered member for purposes of workers' compensation law.

Coverage applies to:

1. Injuries that occur during the coverage period.
2. Illness by disease that is caused or aggravated by the conditions of employment by the covered member. The employee's last day of exposure to the conditions causing or aggravating such injury by disease must occur during the coverage period.

The JPA is not responsible for any payments in excess of benefits regularly provided by the Workers' Compensation Law including those required because:

1. Of the covered member's serious and willful misconduct (except as stated herein above);
2. The covered member employs an employee in violation of law;
3. The covered member fails to comply with a health or safety law or regulation;
4. The covered member discharges, coerces, or otherwise discriminates against any employee in violation of the Workers' Compensation Law; or
5. The covered member violates or fails to comply with any Workers' Compensation Law.

Coverage does not apply to:

Any liability imposed by the Workers' Compensation Laws because of injury, illness or disease to prisoners or inmates who receive compensation from an entity, other than the covered member, for the work performed except for liability imposed by the Workers' Compensation Laws because of injury, illness, or disease to participants of a work release program or other community service program established by a county of the state of California

QUESTIONS OF COVERAGE SHOULD BE DIRECTED TO EITHER THE WCPM OR AIMS.

**WCPM – 800-541-4591 Ext. 1155
AIMS – 916-563-1900 or Toll Free: 800-444-6157**

E. What Benefits Are Payable?

Five specific benefits are provided through the Workers' Compensation Laws. Provision of these benefits as well as determination of benefit rates are mandated through the State of California. Benefits provided are:

1. Medical Treatment

Treatment reasonably required to cure or relieve the effects of a work-related injury or illness until pre-injury or maximum medical improvement is reached.

Note: Medical treatment on claims under investigation is payable up to \$10,000 during the period of investigation.

2. Temporary Disability

Standard temporary disability is a non-taxable, wage replacement benefit payable to an injured worker who is temporarily unable to work as the result of an industrial injury.

Wage Loss is a supplemental benefit payable to an injured worker who returns to temporary modified work at a reduced salary either due to reduced hours or assignment to an alternative position or task.

3. Permanent Disability

Permanent disability is a monetary benefit payable to an injured worker who sustains a permanent limitation or impairment as the result of a work injury.

4. Job Displacement Benefits

Job Displacement is an educational voucher given to injured workers whose employer cannot provide permanent/modified work.

5. Death Benefits

Death benefits are payable to the surviving dependents when a work injury or illness results in death.

III. When an Injury Occurs

A. Directing and Providing Medical Care

When notified of an industrial injury, the first concern should be to provide medical care to the employee. In the case of a medical emergency, please follow emergency procedures, with follow-up care directed to your designated clinic.

Require all employees to report injuries, even though minor, to their immediate supervisor.

The designated industrial clinic should be specifically selected for the treatment of the member district's employees' work-related injuries. From time to time, member districts may find it necessary to change to another designated industrial clinic.

Pre-designated Physicians

An employee with private medical insurance from any source, who notifies the member district in writing prior to the date of injury that he or she would like to be treated by their personal physician may do so. As a reminder, the employee should confirm their personal physician is willing to treat under workers' compensation guidelines.

Employer Medical Control

Unless a physician has been pre-designated, the member controls medical care for the first thirty (30) calendar days of the claim, through coordination with AIMS. The employee may then choose to change their treating physician. All medical care and direction should be coordinated with AIMS to assure benefits are timely and appropriately provided.

If you are unsure of your responsibility regarding authorizing medical care, please direct your questions to either the WCPM or AIMS.

B. Forms to Complete

DWC Form 1 Employee's Claim Form

Due – Within one (1) working day of date of knowledge of injury, illness, or disease

Provide each injured employee with the Employee's Claim Form for Workers' Compensation Benefits within one (1) working day of receiving notice or knowledge of the claimed injury. If the employee refused to accept the form, document the refusal. If the employee is unavailable or unable to accept the form, mail the form to the employee, or his/her designated representative, via first class mail (certified mail is recommended). The burden of proof for providing the Claim Form rests with the employer and sufficient documentation that the form was provided timely is required.

The employee will complete the TOP PORTION of the form only. Once the form has been returned by the employee, complete the BOTTOM PORTION of the form and provide the employee with a completed copy. Note – The employee is NOT obligated to complete their portion of the form and return it to the member district. The form should be distributed as follows:

Original – OSHA File
One Copy – Employee
One Copy – AIMS
One Copy – Employee's temporary copy until the employer has completed the Bottom Portion.

DWC Form 5020 Employer's Report of Occupational Injury

Due – Within five (5) calendar days of date of knowledge of Injury

The Employer's Report of Occupational Injury is to be completed by management at the time of injury and is due to AIMS within five (5) calendar days of knowledge of the injury. Delayed reporting can potentially result in a penalty if the claim is audited by the State of California Audit Unit. The report is not necessary if the injury did not involve medical treatment, lost time, or litigation. Please direct any questions regarding submission of the report to either the VCJPA WCPM or AIMS. The form should be submitted to AIMS. The form should be distributed as follows:

Original – AIMS
Copy – OSHA File

The Employer's Report can be made via the internet by accessing the AIMS web site at:

<https://www5.navrisk.aims4claims.com>

Copies of documents can be provided to AIMS either by fax or U.S. Mail at:

**Acclamation Insurance Management Services
P.O. Box 269120
Sacramento, CA 95826
Fax 916-563-1919**

Notify the nearest district office of the Division of Occupational Safety and Health (OSHA) by telephone of any injury or illness which: (a) results in death; (b) requires inpatient hospitalization; or (c) produces permanent disfigurement.

C. Reporting Concerns or Additional Information

1. Reporting Concerns

If you are unsure about reporting a claim, please contact AIMS or the VCJPA WCPM to discuss your concerns. Some claims need additional investigation to verify the claimed injury or illness is related to or caused by the work environment. If you possess information which you feel may aid in the investigation, prompt reporting of this information to AIMS is very important to allow them to make an informed decision on compensability.

The importance of prompt reporting of work injuries or illnesses cannot be over emphasized. However, there are many other items that can cause delay in the payment of benefits or in the processing of claims. The following is a list of errors most often made in completing records:

- The use of nicknames instead of the employee's full name;
- Omission of middle name or initials;
- Incorrect social security number;
- Handwritten reports that prove to be illegible;
- The use of abbreviations instead of spelling out words; and
- Incomplete and inaccurate answers to questions.

In addition to the above-listed errors, there are certain details that are most often overlooked. They are as follows:

- Be sure to specify "right" or "left" when referring to injuries or illnesses involving eyes, hands, arms, legs, hips, etc.;
- Be sure to specify which fingers or toes when referring to injuries or illnesses involving feet or hands;
- Be sure to specify the part of the body for injuries or illnesses involving neck, back, and bones. Specify weights of objects being pushed, pulled, lifted, etc.; and
- **DO NOT** use adjectives such as *severe*, *serious*, *bad*, etc.

It may become necessary during the investigation of a claim for an independent investigative company to be assigned to gather information. AIMS will notify the VCJPA member district when an investigator has been engaged. Information provided to the investigator may be confidential in nature and should be assumed to be provided directly to AIMS by the investigator.

2. Additional Information

Additional information may become available to the VCJPA member district during the “life” of the claim. This information can take the form of return to work information, secondary employment, retirement application, termination of employment, or other information which you receive that may impact the timely and accurate provision of benefits. Prompt reporting of additional information to AIMS is expected and required by VCJPA.

Too often information concerning a claim does not reach the party who needs it because it was not passed on. For example, a supervisor may not be informed that an employee’s disability will continue longer than expected, or AIMS is not notified when an employee has returned to work. It is imperative that AIMS be kept apprised of all the aspects and details of the accident. The time limit set by law for denying claims is ninety (90) calendar days from the date of knowledge of the injury, illness, or disease. The time limit set by law for making the first benefit payment is fourteen (14) calendar days from the first date of lost time. This means that AIMS simply must have the complete cooperation of all persons involved in the reporting procedures.

D. Information to Request, Secure or Maintain

A workers’ compensation claim can remain active for a few weeks to a few years. During this period of time, the VCJPA member district must gather information to aid in providing accurate benefits to the injured worker. The information may be requested by AIMS at any time during the life of the claim and will aid in determining benefits.

If you have any question regarding information you have or should be gathering, please contact the AIMS and/or the VCJPA WCPM.

1. Request:

- a. The employee to provide the member district with any release from work or return to work information or documentation the employee receives from their treating physician. This information should then be provided to AIMS immediately.
- b. AIMS contacts the member district and discuss with them conducting an investigation of the claim if there is any question regarding the validity of the claim or ongoing benefits.
- c. The employee completes the DWC 1 Form (Employee’s Claim Form).
- d. Obtain copies of any police reports relating to the injury. This information should be provided to AIMS immediately.

- e. Information regarding any potential 3rd party involved in the injury (driver of another vehicle, owner of property) and provide this information to AIMS.

2. Secure:

Any damaged equipment that may have caused or been involved in the injury. ***DO NOT DISPOSE OF EQUIPMENT WITHOUT DISCUSSION WITH AIMS.***

3. Maintain:

- a. Employment records (applications, vacation requests, etc.) relating to employees/volunteers injured on the job.
- b. Copies of DWC 1 Form.
- c. Training records.
- d. Maintenance records (for building and equipment).

IV. Returning Employees to Work

A. Transitional or Modified Work

1. Temporary Modified Duty

Employers find that modified duty jobs have dramatically decreased costs for workers' compensation injuries. Returning the injured employee to work in a modified capacity can reduce not only the cost for lost-time injuries, but may also reduce medical costs as well as litigation. Employees may not have full capabilities during the healing process. This does not mean that the employee cannot perform work duties or functions that will not exceed their physical abilities.

Modified duty restrictions are determined by the treating physician. The physician may determine, for example, that the employee must refrain from lifting more than ten (10) pounds for a two-week period. It is then the employer's responsibility to evaluate available work to determine if they can accommodate this restriction.

2. How Do We Do This?

- a. The member district should coordinate efforts with AIMS to contact the treating physician and determine if work modifications are appropriate.
- b. Once modifications are determined and work is available, the member district will contact the injured worker and notify them to return to work under the restrictions and notify AIMS the offer has been made.
- c. If the employee does not return to work at modified duty, the member district should immediately notify AIMS as this may negatively impact benefits.
- d. The employee should be advised by the member district of their work restrictions and their responsibility to abide by these restrictions.

Over time, the work restrictions are generally reduced with the intention of returning the employee to their usual and customary occupation. Modified duty programs are designed to be temporary in nature and by recommendation should not exceed a period of ninety (90) days without review and consideration as to whether they should continue.

3. Permanent Modified/Alternative Duty

There are cases where an injured worker's condition may not improve to the point of returning them to their usual and customary occupation. At that time, the treating physician will issue a report outlining their permanent work restrictions.

4. What Do We Do Then?

The member district is then under an obligation to review these restrictions, initiate the interactive process with the employee to determine if they can make a good faith offer of permanent modified/alternative work. A good faith offer is characterized as:

- a. Located within a "reasonable" commuting distance of the employee's residence **AT THE TIME OF INJURY**, unless the employee waives this condition;
- b. Available for a period of at least twelve (12) months;
- c. Ability to perform all of the functions of the job; and
- d. Wages at least 85% of those paid **AT THE TIME OF INJURY**.

Workers' compensation benefits may be increased or decreased dependent upon this offer of work. Coordinating the offer with AIMS is vitally important to determining accurate benefit payments.

B. Return to Regular Work

It is the goal of the employee, the member district, and VCJPA to return the employee to "regular work" or their usual and customary work as quickly as possible to minimize the financial impact of the claim to all parties.

Once the employee is ready to return to their regular work, they will provide the member district with a release form from their treating physician. It is recommended the member district call AIMS and notify them of the release as well as provide a copy of the release form to AIMS immediately, to assure all benefits are appropriately administered, and any notices are issued to the injured worker.

A copy of this form should be maintained by the member district in a file separate from the employee's personnel file.

If there is a dispute or concern as to whether the employee should return to regular work, please consult with AIMS.

V. Legal Actions

A. What If My Employee Hires an Attorney?

Employees hire attorneys for a variety of reasons:

- Unsure of how their claim will be handled;
- Unclear or conflicting information from the Member, AIMS, or other parties not directly involved in the claim;
- Severe injury;
- Pending personnel issues (job elimination, retirement pending, disciplinary action, etc.. . . .); and
- An assumption that you *MUST* have an attorney to receive benefits

While some or all of these reasons may be valid, communication with the employee/volunteer remains important.

1. Can I Talk to the Employee?

Absolutely! They remain your employee and your responsibilities as an employer continue whether or not they have hired an attorney. Some areas in which communication should be maintained are:

- Availability of modified duty;
- Follow up calls to the employee to inquire how they are doing, or if they have any questions;
- Keeping the employee informed and involved in the district's activities (such as community events); and
- Requirements for returning to work (agility testing, fitness for duty, etc....).

The only areas in which the member district should not engage in conversation are those primarily focused on the employee's litigation of their claim. If you are unsure of discussing a topic with the employee, please contact either AIMS or the WCPM to discuss your concerns.

B. Requests for Information

Requests for information regarding a workers' compensation claim can come from many sources. In order to provide the most accurate information in a timely manner, we recommend the following:

1. Requests for Personnel Files

Follow your internal guidelines regarding access to personnel files. If the injured employee has an active workers' compensation claim, please notify AIMS before complying with this request as confidential medical or legal information may inadvertently be released.

a. Subpoena Requests -

Contact AIMS before complying with this request. The subpoena will request specific information regarding a specific employee or volunteer. Prior to complying with this request, please ask AIMS to review the subpoena and provide guidance on compliance regarding any workers' compensation information.

b. Attorney Requests -

You will be notified in advance if AIMS has requested the defense attorney (the attorney representing the member district and VCJPA) obtain information from the member district. If you have not been notified in advance, please consult with AIMS before responding to this request.

c. Investigator Requests -

You will be notified in advance if AIMS has requested an investigator obtain information from the member district. If you have not been notified in advance, please consult with AIMS before responding to this request.

If you are unsure about the request and/or providing the requested information, please contact either AIMS or WCPM to discuss your concerns.

C. Subrogation/3rd Party Liability

Injuries can result from the actions or inactions of other parties. Examples of this may be injuries resulting from auto accidents and faulty equipment maintenance or manufacture. When this occurs, an investigation into the person or company responsible may be necessary and will be undertaken by AIMS. AIMS will look to the VCJPA member district to aid them in gathering information such as police reports, maintenance records, and purchasing records. It may become necessary for the member district to “secure” broken or faulty equipment to assure its availability should a dispute arise regarding the condition of the equipment at the time of injury. AIMS will provide guidance to the member district should this become necessary.

Occasions may occur when the 3rd party requests access to the VCJPA member district’s records or property. The member district is directed to contact AIMS or the VCJPA WCPM BEFORE providing this access.

When a 3rd party is responsible for the injury, the injured worker or their representative may file a claim for reimbursement from this party. VCJPA has the right to consider and pursue reimbursement as well for any payments or benefits issued to the injured worker.

The VCJPA Memorandum of Coverage (MOC) states in section V.B regarding subrogation:

B. SUBROGATION - RECOVERY FROM OTHERS

1. *The Agency has the Member District’s rights, and the rights of persons entitled to compensation benefits from the Member District, to recover the Agency’s loss from any third party liable for the injury. The Member District will do everything necessary to protect those rights for the Agency and to assist in enforcing them. The recovered loss, after deducting the Agency’s recovery expenses, will first be used to reduce the Agency’s loss. The balance, if any, will be returned to the Member District.*
2. *If the Member District waives its rights to subrogation on a claim covered under, or that may be covered under, this Memorandum of Coverage, and if the amount of the claim exceeds the Member District’s Retained Limit (and therefore pierces the Agency’s layer), then the Agency’s coverage shall not apply to the claim and the Agency shall not be liable for any indemnity, reimbursement, payment, or costs on the claim exceeding the Member District’s retained limit, unless the Agency’s Workers’ Compensation Program Manager also approves the waiver of subrogation in writing.*

3. *The exclusion of coverage for waiver of subrogation shall apply only to a waiver of subrogation on a claim made or approved by a Member District after the date of the injury, illness, or disease that resulted in the claim. This exclusion shall not apply to a waiver of subrogation contained in an agreement or contract that was approved by the Member District prior to the date of the injury, illness, or disease that resulted in the claim.*

This provision indicates the VCJPA member does not have the opportunity to “waive” recovery rights without VCJPA’s agreement. Should an injury occur which involves a 3rd party and any concern develops between the VCJPA member and AIMS regarding whether to pursue subrogation recovery, these concerns should be directed to the VCJPA WCPM for discussion.

D. Case Settlement and Closure

The majority of workers’ compensation claims resolve with the injured worker returning to their full employment and suffering no residual disability. Files can be closed when the employee’s medical condition has reached a permanent and stationary or maximum medically improved level (when the injury has resolved to a point that no further recovery is expected) and when all issues and benefits have been resolved (such as benefit payments and medical care).

Some claims involve litigation. The participation of an attorney representing the injured worker, the member district, and/or VCJPA DOES NOT indicate the injury is more serious or severe. Attorneys are frequently utilized by either party to facilitate the administration of benefits or provide discovery options and opportunities.

When a claim reaches a litigation status, it will generally resolve by one of three methods:

1. Stipulation with Request for Award

This type of settlement is used to settle the employee’s claim based upon written agreements of the parties. This agreement may or may not provide for an award of lifetime medical benefits. The Stipulation is primarily used for settling claims where the injured worker remains employed with the same employer.

2. Compromise and Release

This type of settlement is typically used to settle claims in a “lump sum” payment which will resolve all outstanding issues. Use of this type of settlement may include a provision that no admission of injury is made. The Compromise and Release is generally utilized when the injured worker is no longer employed by the same employer.

3. Findings and Award or Findings and Order

This type of settlement is issued by the Workers' Compensation Judge (WCJ) and generally follows a trial in which each party states their case and provides evidence. In general terms:

If the WCJ agrees with the injured worker, they will issue a "Findings and Award" providing a benefit or a determination which will benefit the injured worker.

If the WCJ agrees with the employer, they will issue a "Findings and Order" declining a benefit or a determination which will benefit the employer.

VCJPA strives to keep their member districts informed regarding case resolution. AIMS will contact member districts to discuss settlement offers and seek member district's authorization for any settlement within the member district's retention level. Additionally, AIMS will work seek settlement authority from VCJPA for any settlement that exceeds the specific member district's retention level. Should the member district have any questions or concerns regarding a proposed settlement beyond their retention level, they are encouraged to contact the VCJPA WCPM.

Lifetime Medical Awards can be provided to injured workers which provide benefits for treatment to their industrial injury. However, this should not be considered a "blanket" medical coverage as the medical benefit will only apply to the injury indicated in the award. Any questions on care relating to a Lifetime Medical Award should be directed to AIMS.

Once the employee is no longer employed by a VCJPA member district, AIMS may consider settlement of a remaining Lifetime Medical Award. The employee's usage of medical care will be considered and a reasonable offer to "buyout" the award will be made. Should the employee agree to this offer, the file will be closed with all issues resolved at that time.

Workers' compensation claims that have resolved with a Lifetime Medical Award can be administratively closed after a period of time with no provision of benefits. However, if the injured worker again requests care, the file will be reopened at that time.

VI. Program Questions

A. Requesting Specific Claims Information

Information regarding specific claims can be requested from two sources:

1. AIMS can answer claim specific questions. Members can contact either their claims examiner, Patti Triska or Claims Manager, Kim Silas.

AIMS
Toll Free: (800) 444-6157

2. The VCJPA WCPM is available to discuss specific claims or concerns the members may have regarding benefit administration:

Judith Bals, VCJPA WCPM
Toll-Free: (800) 541-4591, Extension 1155

B. Requesting Loss Run data

Requests for loss runs or claim history information should be directed to AIMS:

(AIMS)
Toll Free: (800) 444-6157

C. Requesting Premium Information

Requests for premium information should be directed to the VCJPA Finance Manager:

Evalina Cheng, VCJPA Finance Manager
(800) 541-4591, Extension 1147

VII. Safety and Risk Control

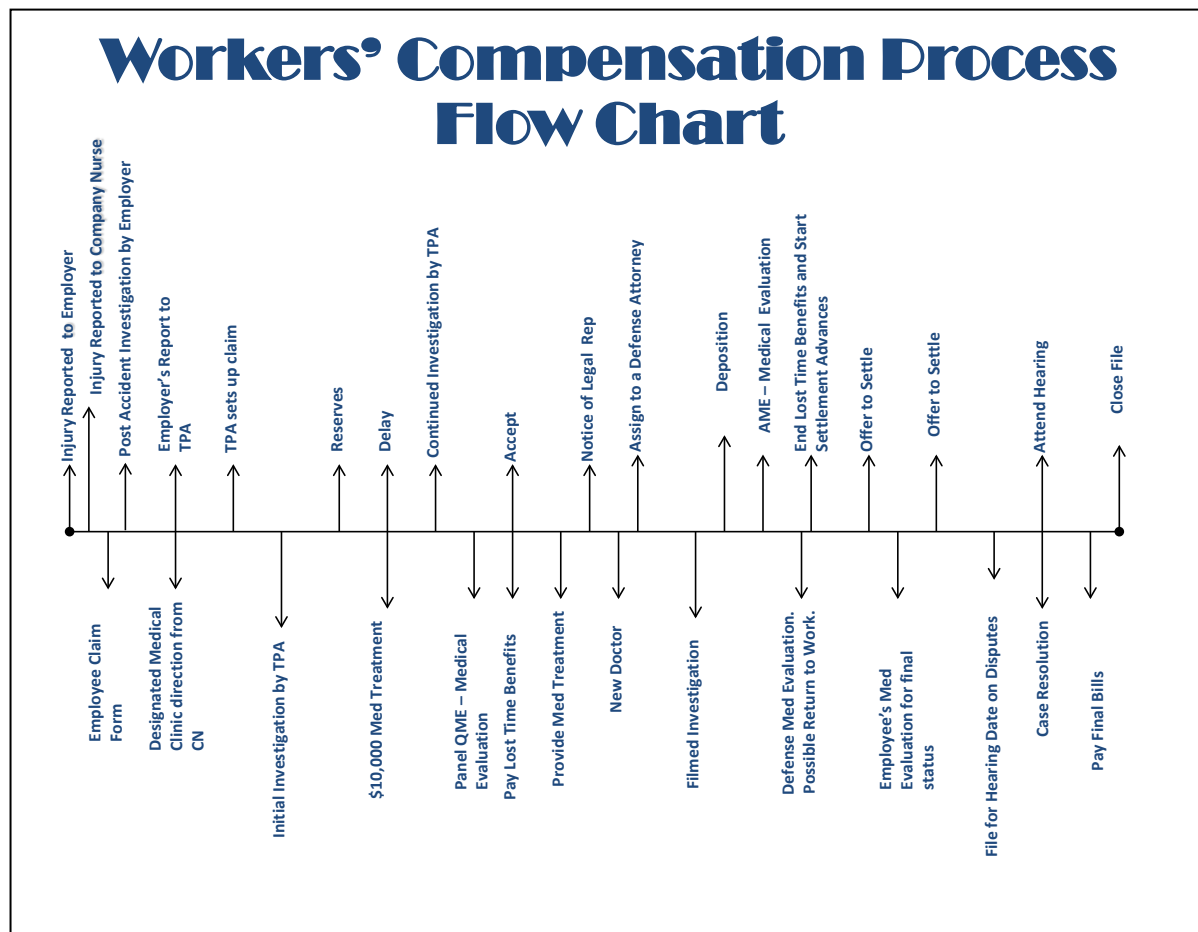
The Board of Directors periodically approves a loss prevention plan where districts receive an on-site visit from the Risk Control Department of Bickmore.

Districts can choose from a variety of risk control services. Some of those services include safety and risk control assessments and office and field ergonomic evaluations. Training is available in: classroom and/or behind the wheel driver safety, ergonomic awareness, evacuation, aerial lift, forklift, safe equipment operation, slip, trip, and fall prevention, and sprain and strain prevention.

Other types of training are available upon request.

VIII. The Claims Process

A. Flowchart



The chart shown above is provided to illustrate the standard workers' compensation claims process in basic terms. However, each claim involves specific characteristics which may make the claim more complex than demonstrated.

B. Important Timelines to Remember

1. Claim Set-Up Timelines

- a. 24 Hours from the date of knowledge (defined as One (1) Working Day) – Provide the employee a claim form (DWC1).
- b. Five (5) working days from the date of knowledge – Report the injury to AIMS.
- c. Fourteen (14) calendar days from the date of knowledge – AIMS must make their initial determination on acceptance, delay/investigation, or denial of benefits.

- d. Ninety (90) calendar days from the date of knowledge – AIMS must make their informed decision on acceptance or denial of delayed and investigated claims.

2. Benefit Payment Timelines

- a. Fourteen (14) calendar days from knowledge of compensable time loss - Initial payment, denial, or delay of temporary disability payments.
- b. Fourteen (14) day Intervals – Continued payment of temporary disability payments.
- c. Fourteen (14) calendar days from the end of temporary disability and with knowledge of likely or known permanent disability – Initial payment, denial, or delay of permanent disability payments.
- d. Fourteen (14) day intervals – Continued payment of permanent disability payments.
- e. Sixty (60) days from receipt – payment or objection of medical bills.
- f. Sixty (60) days from the finding of permanent and stationary or maximum medically improvement for the district to reply regarding permanent modified/alternative duty which may affect the 15% increase/decrease

Appendix A Form DWC-1



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review- IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator- QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (*Supplemental Job Displacement Benefit- SJDB*): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance- SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (*Information & Assistance- I&A*): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar donde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que propée copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

Instructions for completing Form DWC 1 Employee Claim for Workers' Compensation Benefits

State law requires that the Employee's Claim for Workers' Compensation Benefits form (DWC 1 Form) be given to the employee within one (1) working day of notice of injury. This does not include minor injuries such as first-aid unless the employee requests the form. State law does not require the employee to complete the form. It is the employee's right to choose not to do so. The employee uses it to request workers' compensation benefits. They should complete and sign the employee portion of the claim form. They need to describe the injury/illness and include every part of body affected. Returning the form is called filing the claim form (this notifies the employer that the employee is pursuing workers' compensation benefits).

STEP ONE: Issue injured employee DWC 1 form within one working day. They must complete the Employee Section and return it to their employer for claim to be processed.

Employee Section: **PLEASE PRINT CLEARLY.**

Line 1: Enter employee's full name. Enter today's date.

Line 2: Enter employee's home address

Line 3: Enter employee's city, state, and zip code.

Line 4: Enter date and time of injury.

Line 5: Enter address and description where injury occurred

Line 6: Enter description of the injury and the part of the body affected.

Line 7: Enter employee's social security number.

Line 8: Check box for electronic notices and provide employee e-mail address

Line 9: Employee's signature.

STEP TWO: When employee returns the DWC 1 form, employer must finish the Employer Section and send form for processing.

Employer Section: **PLEASE PRINT CLEARLY.**

Line 10: Enter name of employer.

Line 11: Enter full address of the employer.

Line 12: Enter the date the employer first knew of the injury.

Line 13: Enter the date the claim was provided to the employee.

Line 14: Enter the date the employer received the completed claim form

Line 15: Enter the name of the insurance carrier or the adjusting agency, if applicable.

Line 16: Enter the policy number of the insurance.

Line 17: Employer's signature.

Line 18: Enter the title of the employer representative completing the claim form.

Line 19: Enter the telephone number of the representative completing the claim form.

STEP THREE: Fax a copy into the office below, as soon as possible, and mail a copy to AIMS in for immediate processing.

Appendix B Form DWC 5020

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
				FATALITY <input type="checkbox"/>	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME			1a. Policy Number	
	2. MAILING ADDRESS: (Number, Street, City, Zip)			2a. Phone Number	
	3. LOCATION If different from Mailing Address (Number, Street, City and Zip)			3a. Location Code	
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.			5. State unemployment insurance acct. No.	
	6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____			INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yyyy)			10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yyyy)	
	8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM			13. DATE RETURNED TO WORK (mm/dd/yyyy)	
	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM			14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>	
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No			17. DATE OF EMPLOYER'S KNOWLEDGE / NOTICE OF INJURY/ILLNESS (mm/dd/yyyy)	
	12. DATE LAST WORKED (mm/dd/yyyy)			18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yyyy)	
INJURY OR ILLNESS	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No			16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burn on right arm, tendonitis on left elbow, lead poisoning			AGE	
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)			20a. COUNTY	
	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No			DAILY HOURS	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.			23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold			DAYS PER WEEK	
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.			WEEKLY HOURS	
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker slipped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY			WEEKLY WAGE	
	27. Name and address of physician (number, street, city, zip)			27a. Phone Number	
	28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)			28a. Phone Number	
29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			SOURCE		
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(5)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.					
EMPLOYEE	30. EMPLOYEE NAME			31. SOCIAL SECURITY NUMBER	
	32. DATE OF BIRTH (mm/dd/yyyy)			33a. PHONE NUMBER	
	33. HOME ADDRESS (Number, Street, City, Zip)			34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)			36. DATE OF HIRE (mm/dd/yy)	
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours			37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal	
	38. GROSS WAGES/SALARY \$ _____ per _____			37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
	39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			EXTENT OF INJURY	
	Completed By (type or print)			Signature & Title	
	Date (mm/dd/yyyy)				
	* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.				

FORM 5020 (Rev7) June 2002

FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Instructions for Completing Form 5020
Employer's Report of Occupational Injury

Line 1	Enter Employer Name	1a. Enter Policy Number (Please refer to your policy.)
Line 2	Enter Employer Mailing Address	2a. Enter Phone w/ Area Code
Line 3	Enter Employer Location, if different	3a. Enter Dept. Number, for Employee. This may be your payroll job classification code.
Line 4	Enter Employer Nature of Business	
Line 5	Enter Employer State Unemployment Insurance Account Number	
Line 6	Check Type of Employer Box	
Line 7	Enter Date of Employee Injury	
Line 8	Enter Time of Injury, if known.	
Line 9	Enter Time of Day, Employee Began Work (On day of injury.)	
Line 10	If applicable, Enter Date of Death	
Line 11	Indicate if Employee was able to Work One-Full AFTER DOI	
Line 12	Enter Last Date Employee Worked	
Line 13	Enter Date Employee Returned to Work	
Line 14	Check if, Employee is Still Off Work	
Line 15	Indicate if Employee was Paid Full Wages on Date of Injury or Last Day Worked	
Line 16	Indicate if Employee Salary is Still Being Paid	
Line 17	Enter Date of Employer's Knowledge of Injury/Illness	
Line 18	Enter Date Employee was Provided DWC-1 Claim Form	
Line 19	Enter Employee's Injury/Illness and Part of Body Effected or Medial Diagnosis	
Line 20	Enter Location Employee Injury Occurred 20a. Enter County of Location	20a. Enter County of Location
Line 21	Indicate if On Employer's Premises	
Line 22	Enter Department Where Injury1 Exposure Occurred, if applicable	
Line 23	Indicate if Other Employee's were Injured/ Ill, in this Event	
Line 24	Enter Equipment, Material or Chemicals Involved with Injury1 Illness, if applicable	
Line 25	Enter Activity Employee was Performing, in this Event	
Line 26	Enter How Injury1 Illness Occurred. Describe Exposure, Materials and Sequence of Events, that Produced Injury/ Illness.	
Line 27	Enter Physician Name and Address 27a. Enter Physician Phone, if known	27a. Enter Physician Phone, if known
Line 28	Enter Hospital Name and Address, if applicable	28a. Enter Hospital Phone, if known
Line 29	Indicate if Employee was Treated in Emergency Room	
Line 30	Enter Employee Name, include Middle Initial	
Line 31	Enter Employee Social Security Number	
Line 32	Enter Employee Date of Birth	
Line 33	Enter Employee Address	33a. Enter Employee Phone w/ Area Code (Please verify Address and Phone w/ Employee)
Line 34	Check Employee Gender Box	
Line 35	Enter Employee Job Title	
Line 36	Enter Employee Date of Hire	
Line 37	Enter Employee Usual Hours Worked Per Day, Days Worked Per Week and Total Weekly Hours.	37a. Enter Employee Status (At time of Injury) 37b. Enter Employee Payroll Job Class Code, in which Earnings are assigned
Line 38	Enter Employee Salary per Occurrence (Hourly, bi-monthly, monthly, or annually)	
Line 39	Enter Other Employee Payments Not Reported as Salary, if applicable	Sign and Date

Appendix C

Glossary of Terms

Glossary of Terms

AA	Applicant's Attorney (Usually the employee's Attorney)
ACOEM	American College of Occupational and Environmental Medicine
ADA	Americans with Disabilities Act (Federal)
AMA Guides	American Medical Association Guides to the Evaluation of Permanent Disability
AME	Agreed Medical Evaluator/Examination
AOE/COE	Arising Out of Employment and Occurring in the Course of Employment
App	Application of Adjudication of Claim
Appeals Board	Workers' Compensation Appeal Board (WCAB)
Applicant	Usually the employee who files an application
ARTW	Actual return to work
Attny/Atty	Attorney
Award	Award by the WCAB
AWW/AWE	Average Weekly Wage or Average Weekly Earnings
Board	Workers' Compensation Appeals Board (WCAB)
C&R	Compromise and Release (form of settlement)
Comp	Workers' Compensation
CT	Cumulative Trauma or Carpal Tunnel Syndrome
DA/Def Attny	Defense Attorney – usually represents the employer
Depo	Deposition testimony under oath
DEU	Disability Evaluation Unit (determines level of disability)
DIR	Division of Industrial Relations

DOI	Department of Insurance or Date of Injury
DOK	Date of Knowledge of injury or disability
DOR	Declaration of Readiness to Proceed (request for Hearing)
Dr	Doctor/physician
DWC	Division of Workers' Compensation
DWC1	Employee's Claim for Workers' Compensation (form)
E&O	Errors and Omissions insurance coverage
EDD	Employment Development Department (State Disability)
Ee	Employee
ER	Employer or Emergency Room
F&A	Findings and Award (a court award of benefits)
FCE	Functional Capacity Evaluation
I&A	Information and Assistance Officer
IW	Injured worker (employee)
IME	Independent Medical Evaluation/Evaluator
JA	Job Analysis
LC	Labor Code of California (rules and regulations)
LDW	Last day of work
LTD	Long Term Disability
Med-Legal	Medical-Legal opinion or evaluation
MMI	Maximum medical improvement (the condition has improved as much as possible)
MSA	Medicare Set-Aside (an amount of money set aside in a trust for payment of medical benefits)
MSC	Mandatory Settlement Conference (Settlement Hearing)
New and Further	A Petition to reopen a claim for additional benefits

NOPE	Notice of Potential Disability advising an employee of their potential rights to Supplemental Job Displacement benefits
OSHA	Occupational Safety and Health Act
Pro Per	Unrepresented employee acting as their own attorney
P&S	Permanent and Stationary (the condition has improved as much as possible)
PD/PPD	Permanent Disability or Permanent Partial Disability
PDA	Permanent Disability Advance
PDR	Permanent Disability Rating
PERS	Public Employees' Retirement System
PQME	Panel Qualified Medical Evaluation/Evaluator
PRN	Medical term – return for care “as needed”
PTP	Primary Treating Physician
QME	Qualified Medical Evaluator/Evaluation
Rating	A calculation of permanent disability
RRTW	Released to return to work
S&W	A petition for additional benefits due to the employer's Serious and Willful misconduct leading to an injury or illness
SAWW	State Average Weekly Wage
SCIF	State Compensation Insurance Fund
SII	Self-Imposed Increase. An increase in benefits paid as the result of late provision of benefits.
SIU	Special Investigations Unit. A unit generally managed by the TPA that investigated potentially fraudulent claims and issues.
SJDB/SJDV	Supplemental Job Displacement Benefit/Voucher (relates to retraining costs)
SOL	Statute of Limitations
SSA/SS	Social Security Administration or benefits

SSN	Social Security Number
Stips	Stipulated Award (an agreed upon award)
Sub Rosa	Undercover investigation (usually filmed)
Take Nothing	A determined by the judge that the party “takes nothing” or receives no award (usually the employee)
TD/TTD	Temporary Disability/Temporary Total Disability (payment for time loss from work)
TPD	Temporary Partial Disability (payment for part time loss from work – wage loss)
U&C	Usual and Customary occupation (regular work)
UR	Utilization Review
Voucher	Supplemental Job Displacement Voucher (relates to retraining)
VR/Voc Rehab	Vocational Rehabilitation (relates to retraining)
WC	Workers’ Compensation
WCAB	Workers’ Compensation Appeals Board
WCJ	Workers’ Compensation Judge