



## **RPS Atlas Workers' Compensation Program 040997**

Gallagher Bassett Pennsylvania WC Claims Kit for  
Endurance Assurance Corporation Claims

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## **Accident Reporting Instructions**

**FOR SERIOUS OR LIFE-THREATENING INJURIES, CALL 911 OR TAKE EMPLOYEE TO NEAREST EMERGENCY ROOM IMMEDIATELY**

**Effective 7/1/2025 forward, Gallagher Bassett is the claims administrator for RPS Atlas's workers' compensation Endurance Assurance Corporation claims. Claims should be reported via one of the following methods:**

- 1) **Telephonic reporting:** 833-378-4031
  - 2) **Fax:** 866-668-7780
    - Please use the attached claim reporting form
  - 3) **Email reporting:** [Atlasworkcompclaims@gbtpa.com](mailto:Atlasworkcompclaims@gbtpa.com)
    - Please use the attached claim reporting form
- Report all accidents/injuries immediately. Delays in reporting can significantly increase claim costs.
  - Reporting a claim is NOT an admission that the claim is compensable. GB will investigate all accidents and determine if workers' compensation benefits are due.

### **Helpful information to have on hand when reporting new incidents:**

#### **CLIENT INFORMATION**

- Client Number: Your GB client number is **040997**

#### **INJURED EMPLOYEE INFORMATION**

- Name
- Employee ID number
- Social security number
- Date of Birth
- Address and home phone number
- Personal email address
- Date of hire
- Marital Status
- Number of dependents
- Policy number (if known)
- Policy effective date (if known)

#### **ACCIDENT INFORMATION**

- Date and time of injury
- Location (city and state) of employer location
- Specific description of injury (i.e., employee slipped and fell on wet floor in warehouse)
- Any unsafe behavior that contributed to the accident
- Name and address of injured employee's physician or facility, if treatment already obtained for the injury

## **Gallagher Bassett Customer Support**

GB Toll Free 833-707-6338

## **Obtaining medical care for your injured employee:**

**FOR SERIOUS OR LIFE-THREATENING INJURIES, CALL 911 OR TAKE EMPLOYEE TO NEAREST EMERGENCY ROOM IMMEDIATELY**

## **To locate in-network providers near your locations at:**

[www.talispaint.com/cvty/gbppo](http://www.talispaint.com/cvty/gbppo)

Through this site you can choose from several options to request the providers. Searches can be done by address, name, region, as well as a quick search which is a preformatted search using a limited number of specialties for providers who provide initial treatment of WC injuries only. Outcome Based Network (OBN) providers are identified by a rainbow circle design before their name. The site also provides you with the capability of creating your own preformatted worksite posters. There is also a selection to look up state rules which gives you a brief description of the state rules that apply to your direction of medical care for each state.

## **GB Care Pharmacy Benefit Management Program**

**First Fill Program** – this program allows the injured employee to obtain their first fill of medication with no out-of-pocket expense to the employee. When filling a prescription, injured workers simply present the First Fill information to the pharmacy. Once the pharmacy verifies eligibility, injured employees are enrolled.

With over 68,000 contracted pharmacies, including all major pharmacy chains, our unique program design enables injured workers to receive prescriptions without incurring out of pocket expenses and ensures appropriate medications are dispensed during each stage of recovery. The injured employee can also call 1.844.276-2515 to find participating pharmacies.

### **Benefits of the program include:**

- No out-of-pocket expense for injured workers. Injured employees can fill their prescriptions on demand (up to 30-day supply of medical) simply by presenting their myMatrixx information to the pharmacy.
- Home Delivery Programs – for qualified injured employees, myMatrixx offers home delivery of medications. Depending upon past use and type of injury, the system automatically identifies those who might benefit, providing added convenience and promoting their recovery.

# Occupational Injury Temporary Prescription ID Card



## To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved work-related injury prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx Patient Care Contact Center at 844-276-2515.

## Atención Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 844-276-2515.

## To the Pharmacist:

myMatrixx, an Express Scripts company administers this occupational accident prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of \$500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 844-276-2515.

## Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

**myMatrixx**, an Express Scripts Company

**ID#:** \_\_\_\_\_

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

**Date of Injury:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY

**Group #:** NZEA

**Employee Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

## To the Supervisor:

Please fill in the information requested for the injured worker.

## Employee Information

First M Last

Street Address or PO Box

City State ZIP

## Employer Name

RPS Atlas Workers Compensation Program

## Participating Retail Network Pharmacies

|                     |                    |                    |                     |
|---------------------|--------------------|--------------------|---------------------|
| A & P               | Drug Emporium      | Medic Discount     | Scolari's           |
| Acme Pharmacy       | Drug Fair          | Medicap            | Sedano              |
| Albertson's         | Drug Town          | Medistat           | Shaw's              |
| Albertson's/Acme    | Drug World         | Meijer             | Shop 'N Save        |
| Albertson's/Osco    | Eckerd             | Minyard            | Shopko              |
| Albertson's/Sav-On  | Econofoods         | NCS HealthCare     | ShopRite            |
| Amerisource Bergen  | EPIC Pharmacy      | Neighborcare       | Snyder              |
| Anchor Pharmacies   | Network            | Network            | Stop & Shop         |
| Arrow               | FamilyMeds         | Pharmaceuticals    | Sun Mart            |
| Aurora              | Farm Fresh         | Northeast Pharmacy | Super Fresh         |
| Bartell Drugs       | Farmer Jack        | Services           | Super Rx            |
| Bigg's              | Food City          | Osco               | Target              |
| Bi-Lo               | Food Lion          | P & C Food Markets | Texas Oncology Svcs |
| Bi-Mart             | Gemmel             | Pamida             | The Pharm           |
| BJ's Wholesale Club | Giant              | Park Nicollet      | Thrifty White       |
| Brooks              | Giant Eagle        | Pathmark           | Times               |
| Brookshire Brothers | Giant Foods        | Pavilions          | Tom Thumb           |
| Brookshire Grocery  | Hannaford          | Price Chopper      | Tops                |
| Bruno               | H-E-B              | Publix             | Ukrop's             |
| Carrs               | Hi-School Pharmacy | Quality Markets    | United Drugs        |
| Cash Wise           | Hy-Vee             | Raley's            | United Supermarkets |
| Coborn's            | Jewel/Osco         | Randalls           | Vons                |
| Costco              | Kash n Karry       | Rite Aid           | Waldbaums           |
| Cub                 | Keltsch            | Rosauers           | Walgreens           |
| CVS                 | Kerr               | Rx Express         | Wal-Mart            |
| D&W                 | Kmart              | RXD                | Wegmans             |
| Dahl's              | Knight Drugs       | Safeway            | Weis                |
| Dierbergs           | LeaderNet (PSAO)   | Sam's Club         | Winn Dixie          |
| Discount Drugmart   | Longs Drug Store   | Sav-On             |                     |
| Doc's Drugs         | Major Value        | Save Mart          |                     |
| Dominicks           | Marsh Drugs        | Schnucks           |                     |

### **GBGO Mobile App**

- Your injured employee will receive an acknowledgement letter giving them their claim number and resolution manager contact information, along with information on accessing GBGO, our mobile app:

## GBGO® — Taking claims management mobile

In a world that keeps moving, GB delivers the best possible claim experience to both clients and injured workers. Through GBGO, a mobile suite that provides faster and better communication, GB keeps all parties engaged throughout the claims process and improves overall satisfaction with the claim experience.

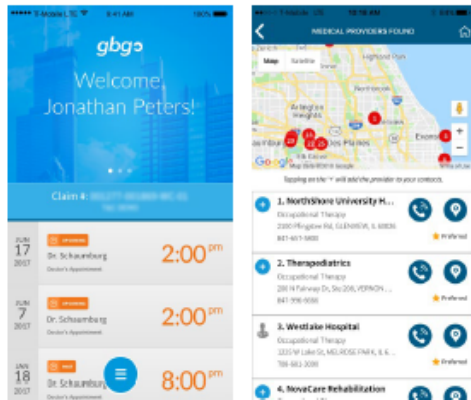
The GBGO MYGBCLAIM App lets injured workers manage their claim anytime, anywhere from their Apple or Android smartphone. The app is secure, easy to use and reliable. The following is a list of features currently supported.

### Existing Features

- **GBGO SMART bar** – Access personalized messages, notifications, reminders, FAQs, and more
- **Payments** – View benefit payments history and get notifications related to payment updates, enroll in Direct Deposit
- **Doctor Appointments** – Input your next doctor appointment and let the app track it and remind you.
- **Medical Cards** – Access digital versions of the Medical Card and the Pharmacy card (Rx Card) with 'one click'.
- **Connect with your RM** – Phone or email your GB RM (Resolution Manager) with 'one click'.
- **Report Release to Return to Work** and request your RM (Resolution Manager) to update your contact information from the app.
- **FAQs** – Access answers to frequently asked questions 24 x 7
- **App feedback** – Tell us what you think
- **Experience the app in Spanish**
- **Pre-Claim Access** – Access your Medical Awareness Card (MAC) after your call with the PC365 Nurse
- **Claim Contacts** – Add, Manage and Access Claim Contacts from one screen – RM, Providers and Pharmacies. Call or get directions to the provider location with one click
- **Provider and Pharmacy Search** – Search for a Preferred medical provider or pharmacy near you
- **Attachments** – Send attachments (Doctor Notes, Mileage Reimbursement requests etc.) to your RM directly from the App

### Upcoming New Features

- **Messaging capabilities**



### How to:

- Download the app from the Apple or Google app store by following the links below or search for GBGO mygbclaim
- Click on "Register" link at the top of the home screen. Follow the instructions and create an account to start accessing information about your claim
- In case of questions do not hesitate to email or call-us using the links at the bottom of the home page

For Apple devices:



For Android Devices:



**WHEN PEOPLE ARE EMPOWERED THEY CAN ACHIEVE AMAZING THINGS. THAT'S THE POWER OF GBGO.**

## GBGO®— Llevando la administración móvil de reclamos

En un mundo que sigue en movimiento, GB ofrece la mejor experiencia de reclamo posible tanto para clientes como para trabajadores lesionados. A través de GBGO®, una suite móvil que brinda una comunicación más rápida y mejor, GB mantiene a todas las partes involucradas a lo largo del proceso de reclamos y mejora en general la satisfacción con la experiencia del reclamo.

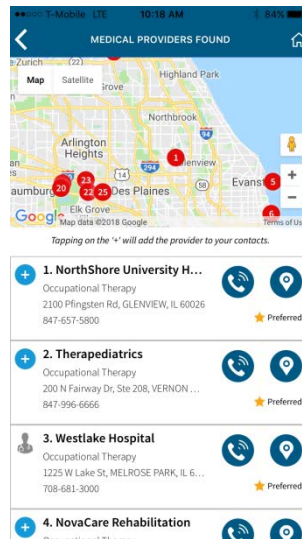
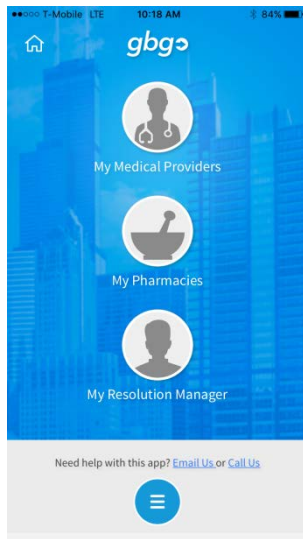
La aplicación GBGO MYGBCLAIM permite a los trabajadores lesionados gestionar su reclamo en cualquier momento y en cualquier lugar desde su teléfono inteligente Apple o Android. La aplicación es segura, fácil de usar y confiable. La siguiente es una lista de las funciones actualmente soportadas.

### Funciones existentes

- GBGO® SMART bar - Acceder a mensajes personalizados, notificaciones, recordatorios, preguntas frecuentes y más.
- Pagos - Ver el historial de pago de prestaciones y recibir notificaciones relacionadas con las actualizaciones de pago.
- Citas Médicas - Ingrese su próxima cita con el médico y permita que la aplicación la rastree y le envíe un recordatorio.
- Tarjetas médicas - Acceda a las versiones digitales de la Tarjeta médica y la Tarjeta de la farmacia (Tarjeta Rx por sus siglas en Inglés) con 'un clic'.
- Conéctese con su Gerente de Resolución (RM por sus siglas en Inglés) - Por teléfono o envíe un correo electrónico a su GB RM con 'un clic'.
- Reporte la Alta de Regreso a Labores y solicite a su Gerente de Resolución (RM por sus siglas en Inglés) que actualice su información de contacto desde la aplicación.
- Preguntas frecuentes - Acceda a las respuestas a las preguntas frecuentes 24 x 7.
- Comentarios de la aplicación - Díganos lo que piensa.
- Experimente la aplicación en español

### Nuevas funciones (serán liberadas el 14 de mayo)

- Acceso previo al reclamo - Acceda a su tarjeta de reconocimiento médico (MAC, por sus siglas en inglés) después de su llamada con la enfermera PC365.
- Contactos del Reclamo - Agregue, administre y acceda a los contactos del reclamo desde una pantalla - Gerente de Resolución, Proveedores y Farmacias. Llame u obtenga indicaciones sobre la ubicación del proveedor con un clic.
- Búsqueda de proveedores y farmacias - Busque un proveedor médico o farmacia preferida cerca de usted.
- Archivos Adjuntos - Envíe archivos adjuntos (notas del médico, solicitudes de reembolso de millas, etc.) a su Gerente de Resolución directamente desde la aplicación.



### Cómo:

- Descargar la aplicación desde App Store o Google Play siguiendo los enlaces que se muestran en la parte inferior o busque GBGO® mygbclaim.
- Haga clic en el enlace "Registrarse" en la parte superior de la pantalla de inicio. Siga las instrucciones y cree una cuenta para comenzar a acceder a la información sobre su reclamo
- En caso de preguntas, no dude en enviarnos un correo electrónico o llamarnos usando los enlaces en la parte inferior de la página de inicio

Para dispositivos Apple:



Para dispositivos Android:



**REMEMBER: IT IS IMPORTANT  
TO TELL YOUR EMPLOYER  
ABOUT YOUR INJURY**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

**Employer Name:**

**Date Posted:**

**IF INSURED:**

(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS  
HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of Insurance Company:

Name of TPA (Claims administrator):

Address:

Address:

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurer Code:

**IF SELF-INSURED**

(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER IS  
HANDLING CLAIMS:**

(Complete all applicable spaces)

Name of person handling claims at  
the self-insured:

Name of TPA (Claims administrator):

Address:

Address:

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurer Code:

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information  
Services**  
717.772.3702

**Claims Information Services**  
toll-free inside PA: 800.482.2383  
local & outside PA: 717.772.4447

**Hearing Impaired**  
toll-free inside PA TTY: 800.362.4228  
local & outside PA TTY: 717.772.4991

**Email**  
[ra-li-bwc-helpline@pa.gov](mailto:ra-li-bwc-helpline@pa.gov)



*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*

## PA Workers' Compensation Employer Information

**This pamphlet is intended to provide Pennsylvania employers with general information regarding their rights and duties under the state's workers' compensation program.**

Workers' Compensation (WC) is mandatory, employer-financed, no-fault insurance which ensures that employees disabled due to a work-related injury or disease will be compensated for lost wages and provides necessary medical treatment to return them to the workforce.

The workers' compensation system provides an "exclusive remedy" to employers and employees and is designed to simultaneously achieve the goals of safer workplaces, prompt compensation and treatment of those it protects and reduced litigation costs to all parties.

### PA WC Coverage Requirements

The requirement to insure workers' compensation liability is mandatory for any employer who:

- employs at least one employee who could be injured or develop a work-related disease in this state, or
- could be injured outside the state if the employment is principally localized in Pennsylvania, or
- could be injured outside the state, while under a contract of hire made in Pennsylvania, if the employment is not principally localized in any state, if the employment is principally localized in a state whose workers' compensation laws do not apply, or the employment is outside the United States and Canada,

UNLESS all employees are excluded from the provisions of Pennsylvania's workers' compensation laws.

### Exclusions to the Coverage Requirements

In Pennsylvania, an employer may be excluded from the requirement to insure its workers' compensation liability only if ALL workers employed by it fall into one or more of the following categories:

- Federal Workers
- Longshoremen
- Railroad Workers

- Casual workers whose employment is casual in character AND not in the regular course of the business of the employer.
- Persons who work out of their own homes or other premises not under the control or management of the enterprise AND make up, clean, wash, alter, ornament, finish, repair, or adapt articles or materials for sale that are given to them.
- Agricultural laborers earning under \$1200 per person per calendar year AND no one agricultural laborer works 30 days or more per calendar year AND/OR the agricultural labor is provided by the employer's spouse or child(ren) under the age of 18 who have not sought inclusion under Pennsylvania's workers' compensation laws by filing an express written contract of hire with the Department of Labor & Industry.
- Domestic workers who have not elected with the Department of Labor & Industry to come under the provisions of the Workers' Compensation Act.
- Sole proprietor or general partners.
- Persons granted exemption due to their religious beliefs by the Department of Labor & Industry.
- Executive officers who have been granted exclusion by the Department of Labor & Industry.
- Licensed real estate salespersons or associate real estate brokers affiliated with a licensed real estate broker or licensed insurance agents affiliated with a licensed insurance agency, under a written agreement, remunerated on a commission-only basis and qualifying as independent contractors for state tax purposes or for federal tax purposes under the Internal Revenue Code of 1986.

NOTE: Unless ALL employees meet one or more of the above exclusions, the employer must insure its workers' compensation liability, even if the employees are working limited part-time hours or are family members such as a spouse or children.

Questions as to how categories would apply to specific workers should be directed to your personal attorney for interpretation.

## Failure to Carry WC Coverage

In the event an employer is uninsured at the time an employee suffers a compensable work-related injury, the department will pursue reimbursement from the employer of monies paid from the Uninsured Employers Guaranty Fund in relation to the claim. Reimbursement will include costs, interest, penalties, fees under section 440 of the Worker's Compensation Act and attorneys fees. The department will also pursue prosecution against the uninsured employer under section 305 of the Act.

In addition, an uninsured employer faces grave civil and criminal risks for failing to maintain continuous workers' compensation coverage. Not only can the employee sue the employer in tort for work-related injuries or diseases, in which suit the employee may recover amounts in excess of those allowed under workers' compensation, but the employer and those individuals responsible to act on its behalf may each be criminally charged for each day's failure to maintain continuous workers' compensation coverage.

Misdemeanor convictions can result in the potential imposition of a \$2,500 fine and up to one year in imprisonment for each day the employer is in violation of the requirement to maintain workers' compensation coverage. Felony convictions can result in the potential imposition of a \$15,000 fine and up to seven years imprisonment for each day the employer intentionally violated this requirement. Further, the employer and those individuals responsible to act on its behalf may be required to pay all benefits awarded by a workers' compensation judge.

The Bureau of Workers' Compensation investigates employer compliance with workers' compensation laws and may initiate the filing of charges against employers and individuals responsible to act on its behalf if workers' compensation coverage is not continuously maintained.

Further, any individual, including competitors, may seek county district attorney approval to file a private criminal complaint against an employer who fails to maintain workers' compensation coverage when required to do so.

## Posting Notice

An employer is required by law to post, in a prominent and easily accessible place, at its primary place of business and sites of employment, a notice containing the name, address and telephone number of the insurer or other appropriate party to address regarding workers' compensation claims or to request information.

## Insuring WC Liability

An employer may insure its workers' compensation liability:

- By purchasing a workers' compensation policy from the State Workers' Insurance Fund (SWIF).

*Call SWIF at 570.963.4635.*

-or-

- Through an insurance company.

*Visit the PA Insurance Department's Web site at [www.insurance.state.pa.us](http://www.insurance.state.pa.us) for carriers approved to offer workers' compensation insurance in PA.*

-or-

- By securing Department of Labor & Industry approval to self-insure individually or as a group.

*For more information on how to self-insure, contact the bureau's Self-Insurance Division at 717.783.4476.*

An employer seeking approval to self-insure must submit its latest audited financial statements along with an application fee with each application. Self-insured employers are required to set aside funds to pay workers' compensation claims and post security for future claims.

Self-insured employers are also required to maintain an accident and illness prevention program as a prerequisite for retention of self-insured status and to file an annual program report with their renewal application. An employer may also self-insure as a member of a certified group, which is restricted to businesses of a similar nature.

## Cost of WC Insurance

An insured employer is assigned a classification indicating the employer's line of work. Employer classifications are determined by the PA Compensation Rating Bureau, a non-government agency licensed and regulated by the PA Insurance Department. The employer's basic premium is based on its classification code, the carrier's rate for the classification and the employer's annual payroll.

Insurance rates may vary so employers may want to contact several different authorized insurance carriers for information on their rates.

## Employers Can Reduce WC Costs

1. *Develop a certified workplace safety program.*

Employers with a functioning workplace safety committee, certified by the bureau, are eligible to receive a 5 percent annual workers' compensation policy premium discount.

2. *Offer job openings to injured workers.*

An employer is obligated by law to offer available jobs to its injured workers if the worker is capable of performing the job.

3. *Have a list of designated medical providers.*

The employer may be relieved of its liability to pay for medical services rendered during the first 90 days of treatment if it posts a list of six or more health care providers (at least three of which must be physicians and no more than four of which may be coordinated care organizations), the list meets certain other legal requirements and the employee fails to treat with a medical provider on the list.

The employer is required to inform its employees in writing of their rights and duties regarding the provider list and to have employees acknowledge in writing that they understand those rights and duties. After the initial 90-day treatment period, the employee has the option of choosing his or her own doctor. The employee is required to notify the employer within five days of a visit to a non-designated provider.

4. *Strive for an injury-free workplace.*

The Workers' Compensation Act encourages employers to provide safe working environments by providing premium discounts to employers who have not experienced a compensable lost-time injury in the preceding two years.

5. *Corporations may seek exception from the requirements for certain executive officers.*

Executive officers who have an ownership interest in a subchapter S corporation, or at least a 5 percent ownership interest in a subchapter C corporation, or who serve voluntarily, without pay, in a non-profit corporation, may apply for exclusion with their workers' compensation carrier or, if no insurance, to the Bureau of Workers' Compensation.

6. *Report suspected workers' compensation fraud.*

Fraud contributes to the cost of doing business. Anyone who commits fraud may be subject to civil or criminal penalties.

An employer commits fraud by understating payroll or misclassifying employee job codes in order to reduce premiums, thus making it difficult for the honest employer to compete in its market. Medical providers and others may also engage in fraudulent activity by billing for services that were not provided. Reports of these types of fraud should be directed to the PA Insurance Fraud Prevention Authority at 1-888-565-IFPA.

An employee commits fraud by knowingly and intentionally collecting total disability benefits or partial disability benefits in excess of the amount permitted by law while employed or receiving wages and/or by knowingly and intentionally failing to report wages, unemployment compensation, social security, severance or pension plan benefits while receiving workers' compensation benefits.

If you suspect that someone collecting workers' compensation benefits is doing so fraudulently, send written correspondence to the Compliance Section, Bureau of Workers' Compensation. Be sure to include the full name and address of the person collecting workers' compensation benefits, the name of the employer by whom the individual became eligible to receive the benefits (if known) and your reasons for believing the individual is collecting benefits fraudulently. If you are willing to provide additional information to the insurance carrier, include your name and address or telephone number, including area code.

If the information you provide enables the Compliance Section to locate an insurance carrier paying benefits, your response will be forwarded to that carrier so that it may conduct an investigation.

### **Reporting Injuries**

Unless the employer has knowledge of the injury or the employee gives notice within 21 days of the injury, no compensation is due until notice is given. Notice must be given no later than 120 days after the injury for compensation to be allowed.

The employer is required to immediately report all injuries to its insurer or, if self-insured, the individual responsible for management of its workers' compensation program.

For injuries resulting in the loss of a day, shift or turn (or more) of work, the employer must also submit a First Report of Injury electronically, either via Electronic Data Interchange or the Internet ([www.dli.state.pa.us](http://www.dli.state.pa.us), Keyword: workers comp) to the bureau within seven days of injury. However, First Reports for injuries resulting in death must be filed with the bureau within 48 hours. Copies of First Reports must also be provided to the injured worker and the employer's insurer.

### **Employee Compensation Benefits**

Injured employees are entitled to employer-paid medical treatment and, if cumulative period(s) of disability exceed seven days, wage-loss benefits. Wage-loss benefits must commence within 21 days of the employer's knowledge or notice of injury, unless the claim is denied within that time period.

Disability for workers' compensation purposes refers to wage loss; that is, an employee's inability to return to work at his/her prior earnings or occupation. Wage-loss benefits are based on the employee's pre-injury average weekly wage. Wages include employer-provided room and board, bonuses or incentive pay, vacation pay and gratuities reported for income tax purposes.

If the calculated benefit is less than 50 percent of the established annual statewide average weekly wage, the benefit payable is the lower of 50 percent of the statewide average weekly wage or 90 percent of the workers' average weekly wage. Otherwise, the benefit is 66-2/3 percent of the pre-injury average weekly wage, up to an established statewide maximum.

Wage-loss benefits can be reduced by wages received through employment and self-employment. Wage-loss benefits for injuries occurring after August 31, 1993, can be reduced by unemployment

compensation benefits received. Wage-loss benefits for injuries sustained after June 24, 1996, can be reduced by 50 percent of "old age" Social Security benefits received, as well as employer-paid severance and pension plan benefits.

Wage-loss benefits are not due during periods of incarceration following conviction or when the employee is receiving wages equal to or more than his/her pre-injury wages.

The Workers' Compensation Act also permits insurers or self-insured employers to require that employees injured on or after June 24, 1996, be examined for an impairment rating when they have received 104 weeks of total disability benefits. A worker found less than 50 percent impaired may be placed in a partial disability status. A partial disability status limits the injured worker to receiving a maximum of 500 weeks of partial disability benefits.

## ***Bureau Contacts***

Bureau of WC  
717.783.5421

Employer Services Helpline  
717.772.3702

Claims Information Helpline  
Toll free inside PA  
800.482.2383

Local and outside PA  
717.772.4447

Health and Safety Division

E-mail address: [ra-li-bwc-helpline@state.pa.us](mailto:ra-li-bwc-helpline@state.pa.us)

BWC Web Information:  
[www.dli.state.pa.us](http://www.dli.state.pa.us)

## ***Reference Materials***

- The WC Act is available in soft form online at [www.dli.state.pa.us](http://www.dli.state.pa.us) and in hard copy from the State Bookstore of PA, Commonwealth Keystone Building, Plaza Level, 400 North Street, Harrisburg, PA 17120, telephone number 717.787.5109.
- Visit the Web for other workers' compensation informational material, including the PA WC Annual Report, the most frequently asked workers' compensation questions, and safety committee information.
- For information to start a small business, call the Small Business Resource Center at 800.280.3801 or 717.783.5700.

*This brochure is a general guide for injured workers on the Pennsylvania Workers' Compensation Act for work injuries and illnesses occurring on or after June 24, 1996. This is general information only and does not represent official interpretations of the law. Injured workers are encouraged to discuss questions and concerns regarding the workers' compensation law and the additional options with legal counsel.*

### What is workers' compensation?

If you sustain a job injury or a work-related illness, the Pennsylvania Workers' Compensation Act, or Act provides payment for your medical expenses and, in the event you are unable to work, wage-loss compensation benefits until you're able to go back to work. Additionally, death benefits for work-related deaths are paid to your dependent survivors.

Benefits are paid by private insurance companies (also includes third-party administrators) or the State Workers' Insurance Fund (a state-run workers' compensation insurance carrier) or by self-insured employers.

### Are you covered?

Nearly every Pennsylvania worker is covered by the Act. Employers must provide workers' compensation coverage for all of their employees, including seasonal and part-time workers. Nonprofit corporations, unincorporated businesses and even employers with only one employee must comply with the Act's requirements.

Some employees are covered by other compensation laws, including federal civilian employees, railroad workers, longshoremens, shipyard and harbor workers. Others who may not be covered include volunteer workers, agricultural laborers, casual employees, domestics and employees who have been granted a personal religious exemption from the Act. Certain types of executive officers of corporations may elect exemption from the Act. A worker should seek further information if there is any doubt as to coverage.

If you learn that your employer does not have insurance or is not self-insured for workers' compensation, you may be eligible for benefits from the Uninsured Employer Guaranty Fund. For details, see our website ([www.dli.state.pa.us](http://www.dli.state.pa.us)) or call the Bureau of Workers' Compensation, toll free, at 800-482-2383 or locally and outside Pennsylvania at 717-772-4447.

### What is covered?

If your work causes an injury, illness or disease, you may be entitled to WC. No compensation shall be paid when an injury or death is intentionally self-inflicted, or is caused by an employee's violation of the law including, but not limited to, the illegal use of drugs. An injury or death caused by intoxication also may not be covered.

### When am I covered?

Coverage begins on the date of hire. Medical benefits are payable from the first day of injury; payment of lost wages is addressed on Page 3.

### How do I get the benefits?

*Prompt reporting is the key.* Report any injury or work-related illness to your employer or supervisor immediately. You must tell your employer that you were injured in the course of employment and inform your employer of the date and place of injury. Failure to notify the employer can result in the delay or denial of benefits. Once you have lost a day, shift or turn of work, your employer is required to report your injury to the Bureau of Workers' Compensation by filing a first report of injury.

The employer may choose to either accept or deny the claim. If your claim is denied, you have the right to file a claim petition with the bureau for a hearing before a WC judge.

### What are the benefits?

The law provides several types of workers' compensation benefits:

#### Payments For Lost Wages

Wage-loss benefits are available if it is determined that you are totally disabled and unable to work or partially disabled and receiving wages less than your pre-injury earnings. Please see the Total and Partial Disability Benefits Status section for further information as to disability status.

#### Death Benefits

If the injury results in death, surviving dependents may be entitled to benefits.

#### Specific Loss Benefits

If you have lost the permanent use of all or part of your thumb, finger, hand, arm, leg, foot, toe, sight, hearing or have a serious and permanent disfigurement on your head, face or neck, you may be entitled to a specific loss award.

#### Medical Care

Employers are responsible for advising workers of their rights and duties under Section 306(f.1)(1)(i) of the Act. The written notice of these rights and duties is to be provided to the employee at the time of injury or as soon after the injury as is practicable.

In the event of a work-related illness or injury, you are entitled, if covered under the Act, to the payment of related reasonable surgical and medical services rendered by a physician or other health care provider.

Medicine, supplies, hospital treatment and services, orthopedic appliances and prostheses are also covered for as long as they are needed. (To assure payment of medical services, see the Choice of Doctor section.) Even if you have lost no time from work, health care costs for a work-related injury or illness are payable at the fee schedule rate. However, an employee may not be charged the difference between the health care provider's charge and the amount paid by the employer or its insurance carrier. In other words, there can be no balance billing to you.

*If you seek medical treatment outside Pennsylvania, you may be subject to the risk of balance billing by the medical provider. You should discuss this with your medical provider prior to initiating treatment.*

### Choice of Health Care Provider

You are free to choose your own health care provider to treat your work injury unless the employer accepts your claim and has posted in your workplace a list of six or more physicians or health care providers. You are required to visit a provider on the list for initial treatment. You are to continue treatment with that provider or another on the list for a period of 90 days following the first visit. You may see any provider on the list; your employer may not require or direct you to any specific provider on the list.

If a listed provider prescribes invasive surgery, you are entitled to a second opinion that will be paid for by your employer/insurer. Treatment recommended as a result of the second opinion must be provided by a listed provider for 90 days.

If during the 90-day period you visit a provider(s) not on the list, your employer or your employer's insurance carrier may refuse to pay for such treatment. After the 90 days, and in situations where your employer has no posted list or an improper list, you may seek treatment with any physician or other health care provider you select. You must notify your employer of the provider you have selected. During treatment, the employer or the employer's insurance carrier is entitled to receive monthly reports from your physician or provider.

Injured workers should be advised that your health care providers may need information concerning your claim. Some of this information may be contained in correspondence you receive from your insurance carrier, and you may want to provide copies of letters or forms to your health care provider.

Once you begin receiving WC benefits, the employer/insurer has the right to ask you to see a doctor of their choice for examination. If you refuse, the employer is entitled to request an order from the WC judge requiring you to attend an examination. Failure to then attend may result in a suspension of your benefits.

### Occupational Disease

Occupational diseases under the Act are covered if caused by or aggravated by employment. Your disability must occur within 300 weeks of your last employment in an occupation where you were exposed to the hazard.

For certain lung diseases, you must have worked in an occupation with a silica, coal or asbestos hazard for at least two years in Pennsylvania during the 10 years prior to your disability.

### Total and Partial Disability Benefits Status

#### Total Disability Benefits Status

Applies to injured workers for a period during which they are considered totally disabled and unable to work. After 104 weeks of such status, the employer/insurer can require a medical examination to determine if the employee is at least 50 percent impaired based upon his/her work injury according to American Medical Association standards. If the 50 percent threshold is not met, the employee's status can change to partial disability.

#### Partial Disability Benefits Status

This benefit status is for a maximum of 500 weeks. If, while on partial disability status, you obtain a qualified impairment-rating physician's determination of impairment that is equal to or greater than 50 percent, you may file a petition for reinstatement of total disability status.

Partial disability of up to 500 weeks of benefits are paid if you can, or do, return to work at a lower paying job within work-related restrictions or you are found not totally disabled.

### How much are the payments for lost wages?

Wage-loss benefits are equal to approximately two-thirds of your average weekly wage, up to a weekly maximum. WC wage-loss benefits can be offset for 50 percent of Social Security benefits, the employer-paid portion of a retirement pension, severance pay, unemployment compensation or other earnings the employee receives. The law does not allow for a cost-of-living increase.

There are several different ways to calculate the average weekly wage under the Act. The minimum compensation rate is the lower of 90 percent of the workers' average weekly wage or 50 percent of the statewide average weekly wage.

### Reporting Wages and Other Benefits Received

Under the Act, any worker who has filed a petition for total or partial disability benefits or who is receiving such benefits is required to report, in writing to the insurer, any information that is relevant in determining entitlement to, or amount of, compensation including, but not limited to, information

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regarding the receipt of wages from another employer or from self-employment. The worker is obligated to cooperate with the carrier in an investigation of employment, self-employment, wages and physical condition.

### **Insurance Fraud is a Crime**

The above-mentioned reports and other WC forms must be honestly completed to avoid violating PA fraud provisions.

### **When are wage-loss payments made?**

You must be disabled more than seven calendar days (including weekends) before WC payments for disability are payable. Benefits for time lost from work are payable on the eighth day after injury. Once you have been off work 14 days, you receive retroactive payment for the first seven days.

If you report the injury promptly, miss more than seven days of work and your claim is accepted by the insurance carrier, you should receive your first compensation check within 21 days of your absence from work. After that, you will receive a check on a regular basis.

Payments of temporary compensation may be made by your employer or the insurance carrier for up to 90 days, even if your claim is not accepted by your employer or its insurance carrier. If your employer or the company's insurance carrier advises you that it will not continue your temporary compensation checks past 90 days, or if they deny your claim, you have the right to file a claim petition with the Office of Adjudication for a hearing if you believe you are entitled to benefits.

### **Offer of Employment**

If, after you begin to receive benefits, your employer has evidence to prove that employment is available to you, within your medical restrictions and in your local area, you may receive an offer of employment.

If you decline the job offer, the employer may then petition a WC judge to either reduce or stop your wage-loss benefits based upon that job. The insurer/employer must continue to pay benefits during the hearing process unless the judge orders otherwise.

In open hearings, the judge will hear and receive medical evidence, both from you and your insurer/employer, on the availability of the work and your ability to do it, before rendering a decision.

### **When Wage-Loss Payments Stop**

Wage-loss benefits can be stopped by an employer/ insurer that has evidence that you have returned to work at wages equal to or more than your earnings level prior to the injury and after providing a timely notice of that fact. If you are receiving temporary compensation benefits during the 90 days following the report of injury, the insurance carrier/ employer may notify you they are stopping benefits because they are not accepting the claim of a work-related injury.

Other reasons that benefits may be stopped include, but are not limited to: a WC judge stopped benefits after a hearing; the employee signs either a supplemental

agreement or an agreement to stop workers' compensation (commonly referred to as a final receipt); the 500-week period of partial disability status expires.

### **What if there is a problem?**

If you think you haven't received benefits that you are due, contact your employer or your employer's insurance carrier. The insurance carrier is allowed 21 days from your notice to the employer of your disability to decide to accept or deny your claim or to make payments of temporary compensation for up to 90 days.

Cooperative communication with your insurance carrier and employer is recommended. If the problem is not resolved, it may be necessary for you to file a petition with the Office of Adjudication. Forms can either be obtained online at [www.dli.state.pa.us](http://www.dli.state.pa.us) or through the Claims Information Helpline at 800-482-2383. The Office of Adjudication is responsible for resolving disputes by assigning petitions to WC judges who decide each case after holding hearings on the issues.

### **Time Limits**

Unless an employer has knowledge of the injury or the employee gives notice to the employer within 21 days of the injury, no compensation is due until notice is given. Notice must be given no later than 120 days after the injury for compensation to be allowed. If your request for WC benefits is denied by your employer or your employer's insurance carrier, you have three years from the date of injury to file a claim petition.

In occupational disease cases, injury/disability must occur within 300 weeks from the date of last employment in an occupation in which you had exposure to a hazard, and a petition must be filed no later than three years from the date of injury/disability.

Failure to file a petition on a timely basis may result in forfeiture of your right to benefits.

If your benefits were terminated, you may file a petition to reinstate WC benefits within three years after the date of your most recent WC check.

If your benefits were suspended, you may file a petition to have benefits reinstated. This petition must be filed within 500 weeks from the date of suspension.

Payment of medical benefits by your employer does not mean that your claim has been accepted or reopened.

### **Alternative Dispute Resolution**

In alternative dispute resolution, a WC judge helps the parties settle the case by talking through their differences. Alternative dispute resolution may take the form of mediation, settlement conference or informal conference.

If either you or your employer files a petition with the Office of Adjudication, the WC judge will schedule mediation unless a judge determines it would be futile. If the case does not settle at this mediation, the parties may resume mediation or a settlement conference later in the proceedings. The parties may also request mediation or a settlement conference later in the proceedings if the judge had previously found mediation to be futile.

You may also request an informal conference to try to resolve your disability benefits from Social Security. For information, visit the issues. If you are not represented by an attorney at an informal Social Security Administration's website at conference, your employer is not entitled to be represented either. [www.socialsecurity.gov](http://www.socialsecurity.gov) or contact your nearest Social Security Administration office. Informal conference forms are available online at [www.dli.state.pa.us](http://www.dli.state.pa.us) or through the Bureau of Workers' Compensation Claims Information Helpline at 800-482-2383.

### General Information

#### Do I need an attorney?

You may represent yourself in WC proceedings, but a non-attorney cannot represent you. However, you should be aware that WC litigation is complex, and your employer or your employer's insurance carrier will be represented by an experienced attorney. If you hire an attorney, you should discuss fee and cost arrangements. The fee agreement must be approved by a WC judge or the Workers' Compensation Appeal Board. Your local bar association, or the Pennsylvania Bar Association's Lawyer Referral Service at 800-692-7375, can help you find an attorney.

If you require a special accommodation to participate in a hearing due to a physical impairment, or need a sign language interpreter or an interpreter for your own language other than English, without cost, request one online at [www.dli.state.pa.us](http://www.dli.state.pa.us) or contact the Bureau of Workers' Compensation Helpline and describe the accommodation:

Helpline voice telephone numbers:

[ra-li-bwc-helpline@state.pa.us](mailto:ra-li-bwc-helpline@state.pa.us)

toll free in Pennsylvania: 800-482-2383

local and outside Pennsylvania: 717-772-4447

#### Appeals

WC judge decisions can be appealed to the Workers' Compensation Appeal Board and then to Commonwealth Court. You will be informed of appeal rights upon receiving the WC judge's decision.

Only people with hearing loss:

toll free in Pennsylvania TTY: 800-362-4228

local and outside Pennsylvania TTY: 717-772-4991

You may also ask your employer or supervisor for information on WC or contact your employer's WC insurance carrier, your union or an attorney.

#### Other Benefits

If the injury is a very serious one where you won't be able to work for a year or more you may be eligible for additional

The WC Act is available on the department website at [www.dli.state.pa.us](http://www.dli.state.pa.us).

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF WORKERS' COMPENSATION  
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*Este folleto es una guía general para aquellos trabajadores lesionados que hayan sufrido accidentes en el trabajo y que estén cubiertos bajo la Ley de Compensación de los Trabajadores Lesionados (WC, en inglés) de Pennsylvania, en relación a accidentes o enfermedades sufridos en el trabajo desde el día 24 de junio de 1996 en adelante. Esta información es general y no representa una interpretación oficial de la ley. Instamos a aquellos empleados que hayan sufrido accidentes en el trabajo a considerar sus preguntas e interrogantes concernientes a la Ley de Compensación de los Trabajadores Lesionados y cualesquiera otras opciones con consejeros legales.*

## **¿Qué es la compensación de los trabajadores lesionados?**

Si usted tiene un accidente o una enfermedad causada como resultado de su trabajo, la «Ley de Compensación de los Trabajadores Lesionados de Pennsylvania» le provee fondos para pagar gastos médicos, además de beneficios compensatorios por ingresos perdidos mientras no esté trabajando como resultado de su accidente o enfermedad. También, beneficios por muerte por fallecimientos relacionados con el trabajo serán pagados a sus dependientes que le sobrevivan.

Los beneficios son pagados por compañías de seguro particulares (también están incluidos los administradores de tercera parte) o por el «Fondo del Seguro de Trabajadores del Estado» (*State Workers' Insurance Fund*, en inglés) que es una compañía estatal de seguros.

## **¿Está usted cubierto?**

Casi todo trabajador en Pennsylvania está protegido bajo la Ley de Compensación de los Trabajadores Lesionados (WC). Los empleadores tienen que proveer una cobertura que asegure la compensación (WC) a todos sus empleados, incluyendo a los trabajadores empleados parcialmente o por temporada. Las corporaciones, las empresas no incorporadas y aún aquellos empleadores que tienen sólo un empleado deben cumplir con los requisitos de la ley.

Algunos empleados en Pennsylvania están cubiertos por otras leyes de compensación, incluyendo los empleados civiles-federales, empleados ferroviarios, estibadores, y empleados de puertos y astilleros. Otros que podrían no estar cubiertos son los trabajadores voluntarios, trabajadores agrícolas, empleados casuales, domésticos, y empleados que por razones religiosas personales han pedido y han sido aprobados para estar desobligados de los requisitos de la ley. Ciertos tipos de oficiales ejecutivos de corporaciones podrían optar por ser exceptuados de la ley. Aquel trabajador que tenga dudas sobre cómo funciona la cobertura de compensación deberá buscar información adicional.

Si se entera que su empleador no tiene cobertura o no está autoasegurado para la compensación de los trabajadores lesionados, usted podría tener derecho a los beneficios del «Fondo Garantizado para Empleadores sin Seguro» (*Uninsured Employer Guaranty Fund*, en inglés). Para obtener más detalles, llame al «Buro de Compensación para Trabajadores Lesionados» (*Bureau of Workers' Compensation*, en inglés) al teléfono libre de cargos 800-482-2383 y fuera de Pennsylvania al 717-772-4447.

## **¿Qué está cubierto?**

Si su trabajo le causa una lesión o enfermedad, usted podría tener derecho a recibir compensación (WC). Sin embargo, no se paga ninguna compensación cuando la lesión o muerte es intencionalmente autocausada o si ocurre durante actividades ilegales, incluyendo entre otras cosas, al uso ilegal de narcóticos o drogas. También es posible que no se pague compensación si la herida o lesión o la muerte ocurre mientras el empleado se encuentra en un estado de ebriedad o intoxicación.

## **¿Desde cuándo tengo cobertura?**

Los beneficios de compensación comienzan en la fecha en que es empleado. Los beneficios médicos se pagan desde el primer día en que se lesione; los pagos por sueldos perdidos son abordados en la pregunta **«¿Cuándo se hacen los pagos por sueldos perdidos?»**.

## **¿Cómo recibo los beneficios?**

La clave está en reportar los daños o lesiones prontamente. Reporte inmediatamente a su empleador o supervisor toda lesión, herida, dolencia o enfermedad que haya resultado como consecuencia del trabajo. Usted tiene que informar a su empleador que tuvo un accidente o lesión mientras estaba trabajando e informarle de la fecha y el lugar donde ocurrió el incidente. Si tarda en notificar a su empleador, esto podría resultar en que se retrasen o se le nieguen los beneficios. Una vez que usted haya perdido un turno o un día de trabajo, el empleador tiene que reportar el caso al *Buro de Compensación de Trabajadores Lesionados (BWC)* y llenar el «primer reporte de la lesión».

El empleador puede escoger entre aceptar o negar su solicitud. Si el empleador no acepta su solicitud, usted tiene derecho a presentar una petición al *Buro de Compensación de Trabajadores Lesionados (BWC)* y solicitar una audiencia ante un juez de WC.

## **¿Cuáles son los beneficios? La**

ley proporciona varios tipos de beneficios bajo WC.

### ***Pagos por sueldos perdidos***

Hay beneficios disponibles para compensar por ingresos perdidos si se determina que usted está totalmente discapacitado y no puede trabajar o si está parcialmente discapacitado y recibiendo un sueldo menor que lo que recibía antes de sufrir daños. Por favor vea la sección **Beneficios bajo una condición de discapacidad total o parcial** para encontrar más información sobre los estatus de discapacidad.

### ***Beneficios por muerte***

Si el incidente le causa la muerte, sus dependientes que le sobrevivan podrían tener derecho a recibir beneficios.

### ***Beneficios por pérdidas específicas***

Si ha perdido el uso permanente de todo o parte de su dedo pulgar o dedo, mano, brazo, pierna, pie, dedo del pie, visión, oído o tiene una desfiguración seria y permanente en la cabeza, cara o cuello, usted podría tener derecho a recibir beneficios por pérdidas específicas.

### ***Cuidado médico***

Los empleadores tienen la responsabilidad de informar a los empleados sobre sus derechos y deberes bajo la Sección 306(f.1)(1)(i) de la Ley. Una notificación por escrito sobre estos derechos y deberes se le proveerá al empleado cuando éste sufra una lesión o accidente o después del incidente tan pronto como sea posible.

En el caso de una enfermedad o lesión relacionada con el trabajo, usted tiene derecho, si está cubierto por la ley, al pago de razonables

respectivos servicios quirúrgicos y médicos prestados por un doctor o algún otro trabajador del sector salud.

Las medicinas, suministros, servicios y tratamientos en el hospital, los aparatos ortopédicos, y las prótesis también están cubiertos, por el tiempo que sean necesarios. (Para asegurarse de que los servicios médicos sean pagados, vea la sección **“Escogiendo la atención médica”**. Aunque no se haya ausentado del trabajo, los costos por la atención de salud como resultado de un accidente o lesión o enfermedad ocurrida en el trabajo son pagados de acuerdo a una tasa ya determinada o establecida. Sin embargo, al empleado no se le puede hacer pagar la diferencia entre los costos del proveedor de atención de salud y la cantidad pagada por el empleador o el proveedor de seguro de salud. En otras palabras, no puede haber un “balance” que usted tenga que pagar.

*Si usted busca tratamiento médico fuera de Pennsylvania, se arriesga a que el proveedor de servicios médicos le envíe una factura exigiendo que se le pague el balance por los servicios médicos proveídos. Usted debe consultar esto con su proveedor de servicios médicos antes de empezar cualquier tratamiento.*

### Escogiendo la atención médica

Usted tiene la libertad de escoger su propia atención médica para tratar su lesión a no ser que su empleador acepte su solicitud y haya exhibido en su lugar de trabajo una lista de seis o más médicos o proveedores de servicios de salud. Usted deberá ser visto por uno de estos como parte de su tratamiento inicial. Usted deberá continuar su tratamiento con ese proveedor de servicios de salud o cualquier otro en la lista proveída por su empleador por un periodo de 90 días a partir de su visita inicial. Usted podrá ser visto por cualesquiera de los proveedores de servicios de salud en esa lista; su empleador no puede ordenarle ni exigirle que usted visite un proveedor de servicios de salud específico de la lista mostrada.

Si el listado proveedor de servicios de salud prescribe cirugía interna, usted tiene derecho a una segunda opinión que será pagada por su empleador o por el seguro. El tratamiento recomendado como resultado de una segunda opinión tiene que ser proveído por uno de los proveedores en la lista y debe tener 90 días de duración.

Si durante el periodo de 90 días usted visita a otro proveedor de servicio de salud que no esté en la lista, su empleador o la agencia de seguros de su empleador podría negarse a pagar dicho tratamiento. Después de los 90 días, en casos en que su empleador no haya proveído una lista o la lista dada sea inapropiada, usted puede buscar tratamiento con cualquier doctor o cualquier proveedor de atención médica de su agrado. Usted debe notificar a su empleador sobre cuál proveedor ha seleccionado. Durante el tratamiento, su empleador o la agencia de seguros de su empleador tiene derecho a recibir reportes mensuales de su médico o proveedor de servicios de salud.

Los empleados que hayan sufrido lesiones o accidentes en el trabajo deben saber que los proveedores de atención de salud podrían necesitar información sobre sus solicitudes. Parte de esta información podría estar contenida en la correspondencia que le envía la agencia aseguradora y sería conveniente que usted le entregue a su proveedor de servicios de salud copias de la correspondencia o formularios que reciba.

Una vez que haya comenzado a recibir beneficios de compensación (WC), su empleador o agencia de seguros tiene derecho a pedir que

usted sea visto por un médico escogido por ellos. Si usted se niega, el empleador tiene derecho a pedir una orden del juez de la *Oficina de Compensación de los Trabajadores Lesionados* requiriendo que usted sea examinado. El no presentarse para el examen médico podría resultar en la suspensión de sus beneficios.

### Enfermedades ocupacionales

De acuerdo a la ley, las enfermedades ocupacionales están cubiertas si son causadas o agravadas por el trabajo. Su discapacidad debe haber ocurrido en un trabajo en donde usted estuvo expuesto al peligro y dentro de un periodo de 300 semanas después de haber dejado el empleo.

En relación a ciertas enfermedades pulmonares, usted debe haber trabajado un mínimo de dos años en Pennsylvania durante los 10 años previos a su discapacidad y en una ocupación que le expuso al sílice (sílica), al carbón o al asbesto.

### Beneficios bajo una condición de discapacidad total o parcial

#### Beneficios bajo una condición de discapacidad total

Esto se refiere a aquellos empleados que han sufrido un accidente o lesión en el trabajo durante un periodo en que son considerados totalmente discapacitados y no pueden trabajar. Después de 104 semanas en esta condición, el empleador o agencia aseguradora pueden pedir un examen médico para determinar si el empleado tiene por lo menos un 50 por ciento de discapacidad como resultado del accidente o lesión en el trabajo, de acuerdo con las normas establecidas por la Asociación Médica Norteamericana (AMA, en inglés). Si se determina que el empleado no tiene por lo menos un 50 por ciento de discapacidad, la condición puede cambiar a discapacidad parcial.

#### Beneficios bajo una condición de discapacidad parcial

Esta determinación de beneficios es por un máximo de 500 semanas. Usted puede presentar una «petición de restitución» de su determinación de discapacidad total, si mientras se le considera parcialmente discapacitado, usted obtiene una determinación de índice de discapacidad que sea de por lo menos un 50 por ciento por intermedio de un médico que esté calificado para conducir una evaluación del nivel de discapacidad del empleado.

Se le pueden pagar hasta 500 semanas de beneficios por discapacidad parcial si usted puede regresar o regresa a trabajar en un empleo de menor sueldo —considerando las restricciones laborales por discapacidad— o si se determina que usted no está totalmente discapacitado.

### ¿Cuánto se paga por los sueldos perdidos?

Los beneficios por sueldos perdidos son de aproximadamente dos tercios de su ingreso promedio semanal, hasta un máximo semanal preestablecido. Los beneficios por pérdida de ingresos de WC pueden ser compensados por hasta un 50 por ciento de los beneficios del seguro social, la parte pagada por el empleador para la pensión del retiro, la indemnización por despido, la compensación por desempleo u otros ingresos que el empleado reciba. Esta ley no permite incrementos por el costo de vida.

Bajo la ley hay varias formas de calcular el sueldo semanal promedio.

Este \_\_\_\_\_ folleto es publicado por el Departamento de Trabajo e Industria, Buró de Compensación de los Trabajadores Lesionados, 1171 S. Cameron St., Harrisburg, PA 17104-2501

Servicio de información  
para el empleador:  
717-772-3702

Servicio de información  
para el solicitante  
Gratis en PA: 800-482-2383

Local o fuera de PA: 717-772-4447

Sólo para personas con  
discapacidad auditiva  
Gratis en PA, TTY: 800-362-4228

Local o fuera de PA: 717-772-4991

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ra-li-bwc-helpline@  
[state.pa.us](mailto:state.pa.us)

El índice mínimo de compensación es el que sea el menor entre el 90 por ciento del sueldo promedio semanal del empleado y el 50 por ciento del promedio semanal de salario a lo largo del estado.

### Reportando los sueldos y otros beneficios recibidos

De acuerdo a la ley, todo empleado que haya presentado una solicitud de beneficios por discapacidad total o parcial o esté ya recibiendo esos beneficios, está obligado a reportar —por escrito a la agencia de seguros— toda información que esté relacionada con la determinación del derecho a los beneficios o al monto de la compensación, incluyendo entre otras cosas la información concerniente a sueldos ganados en otro trabajo o en un autoempleo. El empleado está obligado a cooperar con la agencia de seguros en la investigación referente al empleo, el autoempleo, los sueldos y la condición física.

### El fraude contra el seguro es un crimen

Los reportes mencionados arriba y demás formularios de WC deben ser llenados honestamente para evitar el quebrantar las estipulaciones contra el fraude de PA.

### ¿Cuándo se hacen los pagos por sueldos perdidos?

Usted tiene que estar discapacitado por más de siete días civiles (incluyendo los fines de semana) antes de que WC comience a pagar beneficios por discapacidad. Los beneficios por el tiempo en que no ha ganado sueldo se comienzan a pagar a partir del octavo día después de haberse accidentado o lesionado. Una vez que usted haya estado sin trabajar por 14 días, recibirá pago retroactivo por los primeros siete días.

Si reporta el accidente o lesión prontamente, pierde más de siete días de trabajo, y su solicitud es aceptada por la compañía de seguros, usted deberá recibir su primer cheque compensatorio dentro de los 21 días que siguen a la fecha en que se ausentara del trabajo. Después recibirá los cheques regularmente.

Los pagos temporales de compensación pueden ser hechos por su empleador o agencia de seguros hasta por 90 días, aun si su solicitud no es aceptada por su empleador o agencia de seguros. Si su empleador

- o la agencia de seguros de la compañía le informa que no continuará pagando la compensación temporal pasados los 90 días,
- o le niegan la solicitud, usted tiene derecho a presentar una solicitud ante la 'Oficina de Adjudicación' (*Office of Adjudication* en inglés) y pedir una audiencia relacionada con su caso si cree tener derecho a los beneficios.

### Oferta de empleo

Si después de usted comenzar a recibir beneficios, su empleador tiene evidencia que demuestre que existe trabajo disponible para usted en su localidad y tomando en cuenta sus restricciones médicas, usted podría recibir una oferta de empleo. Usted tiene derecho a aceptar o rechazar la oferta de empleo.

Si usted rechaza la oferta, su empleador podría pedir al juez de WC que reduzca o termine sus beneficios por sueldos perdidos en ese trabajo. Su empleador o la agencia de seguros tiene que continuar pagando los beneficios durante el proceso de audiencia a no ser que el juez ordene lo contrario.

Durante la audiencia pública, el juez escuchará y recibirá evidencia médica —de usted y de la compañía de seguros o su empleador— sobre la disponibilidad de empleo y de su capacidad de efectuarlo, antes de llegar a una decisión.

### ¿Cuándo cesan los pagos por sueldos perdidos?

Los pagos por sueldos perdidos pueden cesar cuando su empleador o agencia de seguros tiene evidencia de que usted ha regresado a trabajar y gana sueldos iguales o mayores al nivel de ingreso que usted tenía antes de accidentarse o lesionarse y después de haberle proveído de una notificación concerniente a ese hecho. Si usted está

recibiendo beneficios temporales durante los 90 días después de reportar el accidente o lesión, su empleador o agencia de seguros puede notificarle de que está suspendiendo los beneficios porque no acepta su declaración de haber tenido un accidente o lesión en conexión con su trabajo.

Hay ciertas razones por las cuales se pueden suspender los beneficios, entre otras: después de una audiencia, el juez de WC decide suspender los beneficios; el empleado firma un «acuerdo suplementario» o un «acuerdo para suspender la compensación del empleado por lesión» (comúnmente conocido como un recibo final); o el período de las 500 semanas de discapacidad parcial expira.

### Qué hacer si hay un problema

Si cree que no ha recibido beneficios a los cuales usted tiene derecho, póngase en contacto con su empleador o la agencia de seguros de su empleador. La agencia de seguros tiene 21 días desde que usted informa a su empleador de su discapacidad, para decidir si acepta o rechaza su solicitud o para empezar a pagar la compensación temporal por hasta por 90 días.

Le recomendamos cooperar comunicándose con su agencia de seguros y empleador. Si el problema no se resuelve, tal vez sea necesario que usted presente una solicitud a la Oficina de Adjudicación. Puede conseguir los formularios llamando a la «línea de asistencia informativa» al 800-482-2383 o presentar su solicitud electrónicamente en [www.dli.state.pa.us](http://www.dli.state.pa.us). La Oficina de Adjudicación tiene la responsabilidad de resolver conflictos y asignará peticiones a los jueces de WC quienes darán sus fallos después de las audiencias correspondientes.

### Límites de tiempo

A menos que el empleador tenga conocimiento del accidente o lesión

- o el empleado le informe al empleador dentro de los 21 días que siguen a la fecha en que se accidentó o lesionó, no se pagará ninguna compensación hasta que dicha notificación sea dada. Para que la compensación sea permitida, la notificación debe ser dada dentro de los 120 días que siguen a la fecha en que ocurrió el incidente. Si el empleador o la agencia de seguros le niega los beneficios de compensación de WC, usted tiene hasta tres años desde la fecha en que se accidentó o lesionó para presentar su solicitud de beneficios.

En caso de enfermedad ocupacional, la discapacidad o daño tiene que haber ocurrido en un trabajo en donde usted estuvo expuesto al peligro y dentro de un período de 300 semanas después de haber laborado en su último empleo y la solicitud debe ser presentada a más tardar tres años desde la fecha en que se lesionó o discapacitó.

El no presentar su solicitud a tiempo podría resultar en su pérdida de derecho a los beneficios.

Si sus beneficios han sido terminados, usted puede presentar «una solicitud de restitución» de sus beneficios de WC dentro de los tres años que siguen a la fecha de su más reciente cheque de compensación de WC.

Si sus beneficios han sido suspendidos, usted puede presentar una solicitud para que sus beneficios sean reincorporados dentro de los 3 años que siguen a su cheque más reciente de WC.

El pago de servicios médicos por su empleador no significa que su solicitud haya sido aceptada o reabierta.

### Resolución alterna de disputa

En la resolución alterna de disputa, un juez de WC ayuda a las partes a resolver el caso por medio de un diálogo en el que las diferencias de opinión son consideradas. La resolución alterna de disputa puede ser en forma de mediación, de una conferencia informal, o de una conferencia para llegar a un acuerdo.

Si usted o su empleador presenta una solicitud a la Oficina de Adjudicación, el juez de *WC* programará una mediación a no ser que un juez considere ello inútil. Si el caso no se resuelve durante la mediación, las partes pueden reanudar el proceso de mediación o la conferencia para llegar a un acuerdo más tarde durante el proceso. Las partes también pueden pedir mediación o una conferencia para llegar a un acuerdo más tarde durante el proceso si el juez previamente hubiera determinado que la mediación era inútil.

También puede pedir una conferencia informal para tratar de resolver sus asuntos. Si usted no tiene un abogado que le represente durante la conferencia informal, su empleador tampoco tendrá derecho a ser representado. Los formularios para solicitar una conferencia informal están disponibles llamando a la «línea de asistencia informativa» de la Oficina de Compensación de los Trabajadores Lesionados al 800-482-2383.

### ¿Necesito un abogado?

Usted puede representarse asimismo durante el proceso de *WC*, pero nadie que no sea un abogado puede representarle. Sin embargo, usted debe tomar en cuenta que el proceso de litigio de *WC* es complejo y que su empleador o la agencia de seguros estará representado por un abogado experimentado. Si usted contrata a un abogado, debe considerar con él o ella el costo y el pago de honorarios. El acuerdo del pago de honorarios tiene que ser aprobado por un juez de *WC*.

o por el Consejo de Apelaciones de la Oficina de Compensación de Trabajadores Lesionados. Su «asociación local de abogados» o la Asociación de Abogados de Pennsylvania puede ayudarle a encontrar un abogado, llame al 800-692-7375.

### Apelaciones

Las decisiones hechas por el juez de *WC* pueden ser apeladas ante el «Consejo de Apelaciones de Compensación de los Trabajadores Lesionados» y después ante una «Corte Estatal». Se le informará sobre sus derechos de apelación cuando reciba la decisión del juez de *WC*.

### Otros beneficios

Si la lesión o daño que usted ha sufrido es muy seria, es decir que no le permite trabajar por un año o más, usted podría tener derecho a recibir beneficios adicionales por discapacidad de la Oficina del Seguro Social. Para obtener información visite el sitio web de la *Administración del Seguro Social* ingresando al [www.socialsecurity.gov](http://www.socialsecurity.gov) o poniéndose en contacto con la oficina de la *Administración del Seguro Social* más cercana a usted.

### Información General

Si usted necesita —sin costo alguno— acomodaciones o servicios especiales para poder participar en una audiencia debido una discapacidad física, o si necesita un intérprete del «lenguaje por señas»

o un intérprete de lenguaje porque su idioma nativo no es el inglés, debe llamar a la *Línea de Asistencia del Buró de Compensación de los Trabajadores Lesionados* y describir las acomodaciones o servicios especiales que necesite.

Números telefónicos de la *Línea de Asistencia*:

|                                |              |
|--------------------------------|--------------|
| Gratis dentro de Pennsylvania: | 800-482-2383 |
| Local y fuera del Estado:      | 717-772-4447 |

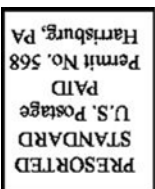
Sólo para personas con dificultades auditivas:

|                                     |              |
|-------------------------------------|--------------|
| Gratis dentro de Pennsylvania, TTY: | 800-362-4228 |
| Local y fuera del Estado, TTY:      | 717-772-4991 |

También usted puede pedir información sobre *WC* a su empleador o supervisor o ponerse en contacto con la agencia de seguros de su empleador, su gremio o sindicato o un abogado.

La Ley de *WC* está a su alcance en el sitio web del departamento en [www.dli.state.pa.us](http://www.dli.state.pa.us). Se pueden comprar copias de la ley en línea ingresando al [www.pabookstore.com](http://www.pabookstore.com)

*Ofrecemos asistencia y servicios adicionales a las personas discapacitadas que así lo soliciten.  
Empleador/Programa de Igualdad de Oportunidad.*



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF WORKERS' COMPENSATION  
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