



EMPLOYEE WORKERS' COMPENSATION HANDBOOK 2018

The City of Stockton is self-insured for Workers' Compensation benefits. The City pays benefits directly to injured employees, rather than purchasing an insurance policy to pay these benefits. All City employees are eligible for Workers' Compensation benefits if injured or made ill by their jobs. There is no qualification period for eligibility, such as working a minimum time period or a minimum number of hours per week. If an employee believes he or she was injured on the job, a claim for benefits can be filed with our Claims Administrator. The City of Stockton participates in a Medical Provider Network (MPN) Program for our Workers' Compensation claims. City employees not in sworn public safety positions are automatically enrolled into an Integration Program for a Workers' Compensation Claim. This program ensures employee pay is made whole through the use of accrued leave balances, until these balances are exhausted. Employees who do not wish to participate may opt-out, but this decision is final; the employee will not be allowed to opt back in.

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Sustaining an injury or illness on the job, whether slight or serious, is an unpleasant experience for anyone. In addition to the injury itself, you may have worries about medical treatment and financial loss. We hope that this booklet will help eliminate some of those worries.

California Workers' Compensation Law requires every employer to provide its employees with Workers' Compensation coverage. This coverage guarantees automatic benefits to employees injured on the job or who sustained a job-related illness. Potential benefits include medical treatment, temporary and permanent disability payments, and job displacement benefits.

The City of Stockton is self-insured for its Workers' Compensation Program. The City's work injury claims are administered by an outside-contracted Third Party Administrator (TPA). If you sustain an injury, the Workers' Compensation information provided you will contain information about the City's current TPA.

WHO IS ELIGIBLE FOR COVERAGE?

All City employees have protection under the Workers' Compensation Law, including part-time and temporary workers. Generally, volunteers are not eligible for coverage

WHEN AM I ELIGIBLE FOR COVERAGE?

Workers' Compensation coverage begins the first minute you are on the job and continues any time you are working. You do not have to be employed for a certain length of time, nor do you have to earn a certain amount of wages before you are protected.

You should immediately report all injuries to your supervisor. He/she will then direct you on how to report your claim to our Claims Administrator. If you need to seek medical attention, our Claims Administrator will provide you with the appropriate forms and ask you to complete an Employee Claim Form (DWC-1). Your department will complete the employer portion of the DWC-1. This report is necessary to process your claim.

WHAT TO DO IF I AM INJURED?

Report your injury to your supervisor immediately. If medical care is needed and your supervisor is not available, report to an alternate supervisor or the personnel unit of your department. Contact our Claims Administrator to report your injury and for a referral to a medical facility. When all else fails, call Human Resources and ask for Risk Services at (209) 937-8233.

DO I NEED TO FILL OUT ANY FORMS?

Yes. If you need to seek medical attention, you are responsible for reporting the injury to your supervisor and to our Claims Administrator, obtaining the appropriate forms and information, and completing the employee section of the Employee Claim for Workers' Compensation Benefits (DWC-1 Form). After completing the form, give the form to your immediate supervisor or his/her designee.

DWC-1 FORM

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 as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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.

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. <i>Nombre.</i> _____	Today's Date. <i>Fecha de Hoy.</i> _____		
2. Home Address. <i>Dirección Residencial.</i> _____			
3. City. <i>Ciudad.</i> _____	State. <i>Estado.</i> _____	Zip. <i>Código Postal.</i> _____	
4. Date of Injury. <i>Fecha de la lesión (accidente).</i> _____	Time of Injury. <i>Hora en que ocurrió.</i> _____ a.m. _____ p.m.		
5. Address and description of where injury happened. <i>Dirección/lugar dónde ocurrió el accidente.</i> _____			
6. Describe injury and part of body affected. <i>Describe la lesión y parte del cuerpo afectada.</i> _____			
7. Social Security Number. <i>Número de Seguro Social del Empleado.</i> _____			
8. Signature of employee. <i>Firma del empleado.</i> _____			
Employer—complete this section and see note below.		Empleado—complete esta sección y note la notación abajo.	
9. Name of employer. <i>Nombre del empleador.</i> _____			
10. Address. <i>Dirección.</i> _____			
11. Date employer first knew of injury. <i>Fecha en que el empleador supo por primera vez de la lesión o accidente.</i> _____			
12. Date claim form was provided to employee. <i>Fecha en que se le entregó al empleado la petición.</i> _____			
13. Date employer received claim form. <i>Fecha en que el empleado devolvió la petición al empleador.</i> _____			
14. Name and address of insurance carrier or adjusting agency. <i>Nombre y dirección de la compañía de seguros o agencia administradora de seguros.</i> _____			
15. Insurance Policy Number. <i>El número de la póliza de Seguro.</i> _____			
16. Signature of employer representative. <i>Firma del representante del empleador.</i> _____			
17. Title. <i>Título.</i> _____	18. Telephone. <i>Teléfono.</i> _____		

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.

Empleado: Se requiere que Ud. feche esta forma y que provéa 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.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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

WHAT DO I TELL THE DOCTOR OR HOSPITAL WHEN I GET TO THE MEDICAL FACILITY?

Advise the doctor's office or hospital emergency room that your injury occurred on the job and the circumstances regarding your injury. The medical provider may ask for the name of your employer or insurance carrier. Advise the medical provider that you are a City employee and that the medical reports/bills should be sent to the City's TPA.

After each doctor's visit, you will be provided a Status Report. You must provide the Status Reports to your supervisor and/or the personnel unit of your department after each visit. ***It is your responsibility to keep your department informed of your medical/disability status. Failure to do so may create an interruption in any temporary disability benefits you may be entitled to.***

CAN I GO TO MY OWN DOCTOR?

Yes, but only if you have pre-designated your doctor to treat you for a work-related injury. This is done by obtaining a pre-designation form from Risk Services. The form must be completed and turned into Risk Services prior to a work-related injury. The doctor you pre-designate must have previously directed your medical treatment, must have your medical history on file, and must agree to be pre-designated. Please note that not all doctors are willing to provide treatment for workers' compensation injuries. Please be sure that your doctor handles workers' compensation claims. If you did not pre-designate your regular doctor before your injury, you will receive medical care from one of the doctors in the City of Stockton Medical Provider Network (MPN).

<https://www.viiad.com/anthemcompass/KBATHENSI000>

You may request a change of treating physician through the City's TPA, but you must select another doctor from within the MPN. Requests for such a change must be directed to your claims adjuster with the TPA.

WHAT TYPE OF INJURIES ARE COVERED?

All injuries, regardless of severity, are covered if they are caused by your job. All job injuries are to be reported to your supervisor, even if they are minor and do not require treatment by a doctor.

WHO PAYS FOR MEDICAL TREATMENT?

The medical provider will bill the City through the TPA. Covered medical treatment includes the cost of the doctor, hospital, x-ray, crutches, lab work, and other services and supplies a doctor may prescribe to treat your injury.

You can also be reimbursed for mileage to and from any medical facility for treatment when you submit a statement to the TPA showing the dates of treatment and the mileage involved.

IF THE DOCTOR TELLS ME TO TAKE OFF WORK FOR A WHILE, WHAT HAPPENS TO MY INCOME?

If your claim is accepted as compensable, Workers' Compensation Law provides for lost wages in the form of temporary disability. These payments may be provided as long as the treating doctor says you are unable to work, and you are off work for more than three days. There may be further payments provided after you return to work if the doctor indicates you have permanent disability.

WHAT ARE TEMPORARY DISABILITY BENEFITS?

Temporary disability benefits are designed to compensate employees who are off of work for injuries sustained on the job. Temporary disability payments begin after the first three days you are off work due to a work-related injury. Your full salary will continue during this three-day period by the use of your annual leave, vacation, or sick leave benefits. After this three-day period, the City will continue to use your annual leave or vacation/sick leave to supplement your income for the length of time you continue to be off work or until you exhaust your vacation/sick leave benefits. This process is called Integration. If you do not inform your department you do not wish to use your leave to cover any gap between your temporary disability amount and normal pay amount it will be presumed you desire to participate in the Integration process. This process helps to keep your benefits as a City employee in force. *If you choose not to utilize your vacation/sick leave to supplement your temporary disability income, you must notify your department and indicate this choice. Once you decide you do not want to participate you may not rescind your choice for any time off related to that particular injury.* Temporary disability benefit checks will be issued by the TPA.

After you return to work, time taken off from work for doctor's appointments, therapy, etc., for your work injury, are not reimbursed by temporary disability payments. The time off for these appointments is deducted from your annual leave or vacation/sick leave. Workers' Compensation law does not provide a benefit or reimbursement for this time off.

WHAT ABOUT FMLA AND WORKERS' COMPENSATION BENEFITS?

If an employee is injured on the job, and the injury or illness also qualifies as a "serious health condition" the time off work will run concurrently and will be counted against any FMLA leave you may be entitled to receive.

WHAT IF I CAN RETURN TO MODIFIED DUTY?

Light or modified duty may be available in certain City departments for a limited time. Some positions are not well suited for light or modified duty. If you have questions regarding light or modified work, contact your department's personnel unit. If further information is needed, you may contact the Human Resources Department at (209) 937-8233 and ask for Risk Services.

If your treating physician releases you to perform modified work, provide your supervisor the Work Status Report from the doctor that sets forth any modifications that must be applied to any return to work assessment. The report should outline your specific work restrictions. Your supervisor and the personnel unit of your department will determine if your department can accommodate any work restrictions.

WHAT IF I RUN INTO A PROBLEM OR MY CLAIM FOR JOB INJURY IS REJECTED?

Most job injury claims are handled routinely as the benefits are set by the Legislature. If you feel you have not received all benefits due you, contact City Risk Services or the TPA. They will attempt to provide you with the information and explanation you need. If you are not satisfied with the explanation given, you may get advice from the Workers' Compensation Appeals Board Information and Assistance Office at (209) 948-7980.

If you choose to consult with legal counsel, he/she may suggest that an Application for Adjudication be filed with the Workers' Compensation Appeals Board. This is a State agency which reviews cases in which an injured worker believes that the appropriate benefits have not been provided. The Appeals Board is a court of law. You may represent yourself, or you may have counsel represent you. If counsel represents you, his/her fee is fixed by the Appeals Board and is deducted from any benefits awarded you by the Appeals Board.

WHAT IF MY INJURY REQUIRES LIFETIME MEDICAL TREATMENT OR RESULTS IN A PERMANENT DISABILITY?

If a doctor determines the injury requires lifetime medical treatment or causes a permanent disability and limits your physical ability to perform as you did prior to the injury, you may be entitled to an indemnity award.

The City's TPA can assist you in filing a Request for Rating from the Workers' Compensation Disability Evaluation Unit once there is a determination of any permanent disability level. This office issues a rating of permanent disability which occurred as a result of your work-related injury. If the rating is acceptable to you and the City, then the City is mandated to pay the award. The amount of the award is usually paid over a set number of weeks or months.

WHAT IF I AM UNABLE TO RETURN TO MY PRE-INJURY OCCUPATION?

If after engaging in an interactive process it is determined that your work-incurred disability prevents you from returning to your usual occupation the City will attempt to place you in another position within City service which you can perform. If this is not possible, you may be entitled to Job Displacement Benefits. The benefit amount varies based on your level of permanent disability and is to be used for education-related retraining or skill enhancement.

LONG TERM DISABILITY BENEFITS

You may be entitled to receive long term disability benefits if you are covered by a disability plan sponsored by the City and meet the benefit waiting period. Please contact Employee Benefits at (209) 937-8622 for further information.

This booklet was prepared by:

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