



An Employee's Pocket Guide To Connecticut Workers' Compensation

(If You Are Injured On Your Job)

Published by the State of Connecticut Workers' Compensation Commission, Stephen M. Morelli, Chairman

The Connecticut Workers' Compensation System . . .

- **covers almost all employees**, including minors, non-citizens, and part-time employees, regardless of occupation, business size, duration of employment, or number of hours worked per day (except for those working around a private home for not more than twenty-six hours per week);
- **is a no-fault system of insurance** in which private insurers or self-insured employers pay benefits to an injured employee, even if the accident was the employee's fault or the employee was born with a medical condition which predisposed him or her to the injury or increased its severity;
- **is designed to help workers injured on the job or with an occupational disease** by providing all necessary medical treatment; weekly benefits while disabled; vocational rehabilitation, if necessary; and additional benefits for scarring, disfigurement, and permanent physical impairment;
- **gives coverage that cannot be signed away**, except a) by officers of a corporation or partners operating partnerships who request in writing to be excluded from coverage or b) as the result of a stipulated settlement of an individual claim that is approved by a Commissioner;
- **denies compensation for certain injuries**, such as those resulting from substance or alcohol abuse;
- **establishes a system of Commissioners** who hold hearings to resolve disputes in workers' compensation cases; and
- **provides free self-help informational materials**: publications, an informative website — <http://wcc.state.ct.us> — and information via a toll-free WATS telephone line: 1-800-223-WORK

This publication is meant to provide basic information only. Additional benefits may be available. More detailed information is available, FREE, from your local Workers' Compensation District Office (see page 4) or you may call Education Services at 1-800-223-WORK.

What To Do If You Are Injured On The Job

Report your injury to your employer immediately. They should provide you with medical treatment and should file a First Report of Injury Form with their workers' compensation insurance carrier and with the Workers' Compensation Commission. Your delay in reporting your injury increases the chance that it may be disputed.

Get prompt medical attention. Your employer should send you to the company medical facility, a walk-in clinic, a hospital, or a designated physician for your initial medical treatment, as soon as possible after you are injured. (*Effective March 25, 1993*, your employer or your employer's workers' compensation insurance carrier may establish a medical care plan to provide medical treatment for workers' compensation claimants.) If your employer has a designated medical provider, you must accept such initial treatment. (See "Choice of Physician" under the list of benefits.)

File an official claim as soon as possible. Filing this "written notice of claim" puts your claim on record. A 30C Form is best for this purpose and is available from any District Office or the Workers' Compensation Commission's Education Services. The statute of limitations for filing a compensation claim for an accidental injury is one year from the date of the injury, while for an occupational disease it is three years from the first manifestation of a symptom. If your employer wants to dispute your claim, you must receive official written notice of a denial (describing the reason(s) for

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it) or your employer must begin making workers' compensation payments "without prejudice" within 28 calendar days. **Contact your employer's workers' compensation insurance carrier, if you don't get a benefit check within two weeks of becoming disabled.** To start payments the insurance carrier needs the First Report of Injury Form and a wage statement from your employer, a medical report from your physician confirming that your injury is work-related and that you are disabled by it, and also needs to know your federal tax filing status and the number of exemptions shown on your federal tax return. If only the wage statement is missing, the carrier can usually send an advance payment until it comes in.

What To Do If Your Claim Is Contested

If your employer disputes your claim, you will need to prove that your injury or disease is work-related by producing evidence at an Informal Hearing (such as medical reports and statements by witnesses) to back up your claim. If your claim is denied, you should request an Informal Hearing from the District Office for the town in which you were injured. You can file for benefits under your group health insurance and/or disability program, if your claim is initially disputed. The group carrier must then provide whatever benefits your group policy offers, until the issue of compensability is resolved by a Commissioner at a Hearing.

Legal Counsel

In most compensation cases — especially undisputed claims — it will not be necessary to retain an attorney. However, you always have the right to retain an attorney, at your expense, if you wish. (Information on workers' compensation will be provided, free of charge, by your District Office or by the Workers' Compensation Commission's Education Services, if you do not have a lawyer on your case.) If a Commissioner feels that legal counsel is advisable for you, he or she will inform you of your right to an attorney. In most cases, attorneys' fees will be a percentage of your "settlement." Any questions

about attorneys' fees should be directed to a Commissioner in the District Office.

The Commissioner

A Commissioner is a quasi-judicial official who presides as an impartial mediator at Informal, Formal and Appellate hearings, where he or she serves to resolve disputes or misunderstandings in workers' compensation cases. A commissioner functions within the state's workers' compensation system similarly to how a judge functions within the state's judicial system. By statute, a commissioner is nominated by the Governor and appointed by the General Assembly, and must have been a member in good standing of the Connecticut bar for at least five years before his or her nomination.

Voluntary Agreements

A Voluntary Agreement is your employer's acceptance of your claim and their agreement to provide you workers' compensation benefits. This agreement contains important information about your claim and should be issued in every case in which an injured or ill employee receives workers' compensation payments. If you receive a Voluntary Agreement, review it carefully; do not hesitate to sign the agreement, if it is in order. After signing it, the District Office will review the agreement before it is approved, in order to insure that your rights are protected.

Workers' Comp Fraud Will NOT Be Tolerated!

The State operates a Workers' Compensation Fraud Unit within the Chief State's Attorney's Office, Division of Criminal Justice, and investigates complaints of all parties alleged to be engaging in any form of workers' compensation fraud. The Unit makes arrests and prosecutes those it believes to be engaging in workers' compensation fraud, which is either a class C felony (if the amount of benefits claimed or received is less than \$2000) or a class B felony (if the amount of benefits claimed or received exceeds \$2000). For more information, or to report alleged cases of workers' compensation fraud, call the Workers' Comp Fraud Unit at (860) 258-5800.

Benefits Under The Connecticut Workers' Compensation Act

[Numbers cited indicate the section(s) of the Workers' Compensation Act, Connecticut General Statutes, or the state's Administrative Regulations.]

Day of Injury Covered [31-295] — You should receive your full pay for the day of occurrence of your injury.

Temporary Total Disability [31-307] — Temporary Total (TT) Disability benefits are essentially "wage replacement" benefits which are paid by your employer's workers' compensation insurance carrier while you are unable to perform any type of work due to your work-related injury or illness. TT benefits begin on the fourth calendar day of disability from work, but if the disability lasts for seven or more calendar days, payment will be made retroactively to cover all the days of disability from work. (The day of an injury is not counted as a "day of disability" from work.) For injuries/illnesses occurring before October 1, 1991, weekly TT benefits are equal to two-thirds (2/3) of your gross average weekly wage for the 26-week period prior to the injury/illness, up to the legislated maximum. For injuries/illnesses occurring October 1, 1991- June 30, 1993, weekly TT benefits are equal to 80% of your after-tax earnings (federal taxes and FICA) for the 26-week period prior to the injury/illness — this TT benefit may not exceed 150% of the State Average Production Wage. For injuries/illnesses occurring on or after July 1, 1993, weekly TT benefits are equal to 75% of your after-tax earnings (federal and state taxes and FICA) for the 52-week period prior to the injury/illness — this TT benefit may not exceed 100% of the State Average Weekly Wage.

Dependency Allowance [31-308b] — For injuries/illnesses that occurred before October 1, 1991, an additional \$10 per dependent child added to your basic weekly compensation rate. For injuries/illnesses occurring on or after October 1, 1991, there are NO dependency allowances.

Cost-of-Living Adjustment (COLA) [31-307a] — For injuries/illnesses occurring before July 1, 1993, there is an annual cost-of-living adjustment (COLA) on October 1 of each year for claimants receiving Temporary Total or Survivors' benefits.

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For injuries/illnesses occurring on or after July 1, 1993, all claimants receiving Survivors' benefits are entitled to COLAs. In addition, claimants who have been totally disabled for at least five years, or who have been declared permanently totally disabled either by judgment or by statute, are also entitled to COLAs.

Right of Transfer to Suitable Work [31-313] — If you cannot work in your usual job because of your injury, your employer should transfer you to full-time suitable work, if available, provided this does not conflict with the terms of a labor contract.

Benefits During a Job Search [31-308(a)] — If you are released for light or restricted work and your employer does not have such work, you can receive Temporary Partial (TP) benefits while performing a job search for suitable employment. TP benefits are paid at your weekly basic TT compensation rate (without dependency allowances or COLAs). For injuries/illnesses occurring on or after October 1, 1991, weekly TP benefits may not exceed 100% of the State Average Production Wage.

Wage Differential Payments [31-308, 31-308a] — If your injury results in your employment in a lower-paying job, you may be entitled to wage differential benefits for part of the difference between your actual present earnings in your "new" job and the wages being currently paid in your former job. (If this situation occurs prior to your receiving a permanent partial disability rating, the Temporary Partial (TP) wage differential must be paid automatically by the insurance carrier. If this situation still exists after you have received a disability rating, then you may collect the "308a" wage differential benefit only at the discretion of a Commissioner, and only once your period of permanent partial benefits has ended.) For injuries/illnesses occurring before October 1, 1991, all wage differential benefits are two-thirds (2/3) of the gross difference between the employee's present earnings and those currently being paid in the employee's usual work. For injuries/illnesses occurring October 1, 1991-June 30, 1993, all wage differential benefits are 80% of the difference between the employee's after-tax earnings (federal

taxes and FICA) following the injury and the after-tax earnings in the employee's usual work — the TP or wage differential benefit may not exceed 100% of the State Average Production Wage. For injuries/illnesses occurring on or after July 1, 1993, all wage differential benefits are 75% of the difference between the employee's after-tax earnings (federal and state taxes and FICA) following the injury and the after-tax earnings in the employee's usual work.

Recurrence or Relapse from Recovery [31-307b] — If you return to work from an injury, but then have a recurrence or relapse from recovery, you will again be eligible to receive workers' compensation benefits and your compensation rate at that time will be based on your original TT benefit rate (with any applicable cost-of-living adjustments) or the TT rate based on your earnings at the time of recurrence or relapse, whichever is higher. TT rates for recurrences or relapses are handled the same as for "original" rates, dependent upon the date of injury or illness — see "Temporary Total Disability" in the list of benefits on reverse side.

Disfigurement & Scarring [31-308] — For injuries/illnesses occurring before July 1, 1993, a Commissioner may award you additional benefits for any permanent, significant disfigurement or scar due to a work-related injury or surgery, except for scars due to spinal or inguinal hernia surgery. For injuries/illnesses occurring on or after July 1, 1993, only scars or disfigurements (1) on the face, head, or neck; or (2) on any other area of the body that handicaps the claimant in obtaining or continuing to work; will be considered for awards. Also, awards for scarring/disfigurement can no longer be requested more than two (2) years after the injury or surgery causing the scar or disfigurement. Call the District Office to request a scar evaluation. Call just prior to the end of the year following the injury or surgery which caused the scar.

Permanent Partial Disability [31-308] — If your attending physician finds at the time he determines you have reached "maximum medical improvement" that you have sustained a permanent partial loss, or loss of use of, a body part, he should issue a percentage disability rating, usually on a Form 42 or in the form of a medical report.

A disability rating marks the end of other workers' compensation benefits and makes you eligible to receive weekly Permanent Partial Disability (PPD) benefits for a specific number of weeks. The PPD benefit rate remains the claimant's base benefit rate as established at the time of the injury or first diagnosis of the occupational illness. For injuries/illnesses occurring on or after October 1, 1991, there is a cap for PPD awards of 100% of the State Average Production Wage.

Vocational Rehabilitation [31-283a] — If you cannot return to your usual work because of a significant permanent impairment, you may be entitled to vocational rehabilitation. If eligible, your rehabilitation program will be paid for by the Workers' Compensation Commission's Rehabilitation Services. For more information, call (860) 493-1500.

Notification of Benefit Discontinuation [31-296] — Your employer or workers' compensation insurance carrier must notify you, by certified mail, of its intent to discontinue benefits, usually with a Form 36. You have fifteen (15) days in which to contest such a notice by calling the District Office for the town in which you were injured and requesting an "Emergency" Informal Hearing. You are not advised to contest a discontinuation notice, unless a physician will confirm in writing that you continue to be totally disabled from work. If you do request a hearing to contest a discontinuation notice, benefit payments must continue at least until the date of the hearing.

Choice of Physician/Right to Medical Reports [31-294d — 31-294f] — You have the right to select your own attending physician immediately after receiving your initial treatment from an employer-designated physician, if your employer has one. However, only Connecticut-licensed physicians may provide medical treatment in Connecticut workers' compensation cases. By law, any physician examining or treating you must furnish you with all medical reports relating to your injury, free of charge. *Effective March 25, 1993*, an employer or an employer's workers' compensation insurance carrier may establish a medical care plan for treatment of employees who incur work-related injuries

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or illnesses. If your employer has such a medical care plan which is approved by the Chairman of the Workers' Compensation Commission, you **MUST** seek appropriate care from a medical provider who is part of your employer's managed care program. If you choose to seek treatment outside of the employer's program, a Commissioner may suspend your rights to receive any workers' compensation benefits [see Sec. 31-279(c)].

Payment of All Medical Bills [31-279-9(e)] — All medical bills should be paid by the workers' compensation insurance carrier or self-insured employer. Any out-of-pocket expenses for prescriptions should also be fully reimbursed to you by the carrier or self-insured employer. *Effective January 1, 2002, all expenses for prescriptions should be paid directly by the carrier or self-insured employer, and claimants should not have to pay for them or seek reimbursement.* All medical bills should be sent directly to the workers' compensation provider, never to the claimant.

Travel Expenses for Medical Treatment [31-312] — In most cases you will be entitled to mileage reimbursement for travel to and from any necessary medical treatment. *Payment will be at the federal mileage reimbursement rate, as determined by the U.S. General Services Administration (GSA).* You should keep a record of your visits and the mileage involved and submit this record to the workers' compensation insurance carrier. If medically necessary, the carrier must pay for transportation by ambulance or taxi.

Lost Time Reimbursement for Medical Treatment [31-312] — If your injury does not totally disable you from work, but does require continued medical treatment, you should receive such treatment during work hours, if it is available. If the medical treatment is not available during your work hours, then you should be reimbursed for your own time as if it were lost work time. "Lost time" should be paid at your usual hourly wage, unless you are receiving weekly compensation benefits.

Protection Against Discharge or Discrimination [31-290a] — Employers are

prohibited from discharging or discriminating against employees who exercise their rights under the Workers' Compensation Act. A Commissioner can award job reinstatement, lost wages, and attorney's fees, and can also assess civil penalties for violations. Complaints of 31-290a discrimination may be filed with the Chairman of the Workers' Compensation Commission. You also have the option of filing a civil suit against an employer alleged to have violated Section 31-290a.

Continuation of Group Medical & Life Insurance [31-284b] — A requirement that private sector employers continue their portion of insurance coverage(s) for workers' compensation recipients was declared unconstitutional by the U.S. Supreme Court on 12/14/92 in the case of District of Columbia vs. Greater Washington Board of Trade and also on 4/28/93 in three similar cases in the Connecticut Supreme Court. As a result, the Workers' Compensation Commission will not schedule any hearings on 31-284b (employer's continuation of insurance coverages), except for those cases involving state or municipal employees, whose plans it believes to be exempted from the Supreme Courts' decisions.

All workers' compensation benefits are non-taxable.

(Except for benefits obtained under Section 7-433c, Heart & Hypertension Benefits for Police and Firefighters)

These are your basic benefits under the Connecticut Workers' Compensation Act. Your local Workers' Compensation Commission District Office or the Commission's Education Services will be happy to answer any questions you may have regarding these or other benefits.

You can call District Offices at the telephone numbers listed at right. The Commission's Education Services can be reached, toll-free in Connecticut, at 1-800-223-WORK.

The Workers' Compensation Commission is online @ <http://wcc.state.ct.us>

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