



Georgia Workers' Compensation Claims

2013 Guide to Common
Questions and Answers



WELCOME

This handbook contains information prepared by the Association County Commissioners of Georgia - Group Self-Insurance Workers' Compensation Fund (ACCG - GSIWCF) to assist employees and management in the effective and expeditious handling of work-related injury claims. The ACCG Claims Office makes every effort to put the well-being of injured workers first, and each claim is given individual attention.

If you sustain a compensable injury on the job, you have certain rights, eligibilities, and responsibilities. Your employer has certain responsibilities to you as well.

OUR PLEDGE

The ACCG Claims Office strives to help employees eligible for Worker's Compensation benefits receive timely and quality medical care, return workers to productive employment, and handle claims through the resolution of medical treatment. In addition, the ACCG Claims Office understands the concerns that result when an injury prevents you from working and pledges that:

- We will give each injured employee individual attention.
- We will handle your claim in a prompt and courteous manner.
- We will inform you of all benefits to which you are entitled under Workers' Compensation.
- We will pay all disability and authorized medical benefits timely and accurately.
- We will make every effort to work with you in returning you to your regular job should your injury require you to lose time from work, or to accommodate your work restrictions.

The ACCG Claims Office staff is here to help you. Please feel free to call us with your questions and concerns.

ACCG Claims Office: 1.877.421.6298
FAX: 1.888.221.4079

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GENERAL QUESTIONS

What is Workers' Compensation?

Workers' Compensation is a benefits program governed by State statutes that provides medical, rehabilitation, income, death and other benefits to employees and dependents in the event of an injury or fatality resulting from a compensable accident.

When am I covered?

Workers' Compensation coverage begins the first day of employment. Employers with three or more employees are required by law to provide coverage.

Which injuries are considered compensable?

Any injury or death arising out of and occurring in the course and scope of employment is by definition a compensable Workers' Compensation claim. This generally means that if employees are injured as a result of performing assigned job duties during regular work hours, then they are covered under the Workers' Compensation program. Certain injuries are not covered, such as those sustained while performing unassigned duties, during lunch or breaks, or during an employee's normal commute. Whether or not a claim is compensable is dependent upon the specific circumstances surrounding an incident.

What should I do if I am Injured on the job?

If you are able, you should report your injury and any need for medical treatment immediately to your supervisor. Failure to report an injury could jeopardize your Workers' Compensation benefits. Your employer will call in, mail or fax an "Employer's First Report of Injury (WC-1)" form (*see Figure 1 on page 6*) or report the claim to us online through our website at www.accginsurance.com. Be as specific as possible when reporting your injury. If anyone witnessed your accident, inform your supervisor.

Are accidents and injuries that occur on the job investigated?

Yes, an ACCG claims examiner investigates all accidents and injuries. Investigations are necessary to determine why and how the injury occurred in order to ensure its compensability and to help your employer implement policies and procedures to make your workplace safer.

Are injuries resulting from employee misconduct covered?

No. Workers' Compensation does not provide benefits pertaining to an injury resulting from an employee's willful misconduct. (*such as fighting, horseplay, willful acts of third persons for personal reasons, injuries related to alcohol or drug abuse*).

Are injuries resulting from haste and inattentiveness covered?

Yes. These types of injuries would be covered under the Workers' Compensation program. However, employees are encouraged to follow company policies and safety rules and may subject themselves to company discipline if these rules are not adhered to.

Figure 1

Employer's First Report of Injury (WC-1)

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE									
GEORGIA STATE BOARD OF WORKERS' COMPENSATION									
EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE									
NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.									
Guide Claim No.		Employee Last Name			Employee First Name		M/I	SSN or Board Tracking #	Date of Injury
A. IDENTIFYING INFORMATION									
EMPLOYEE <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate		Phone Number		Employee Email			
Address				City		State		Zip Code	
EMPLOYER Name		NAICS Code		Nature of Business (trace - Transport, Mfg., etc.)					
Address				Phone Number		Employer SSN			
City		State		Zip Code		Employer Email			
INSURER / SELF-INSURER Name		Insurer Self-Insurance FEIN				Insurer Self-Insurance Policy #			
CLAIMS OFFICE Name		Claims Office FAX		Claims Office Phone		Claims Office Email			
SWFC ID# (if applicable)		Address		City		State		ZIP CODE	
EMPLOYMENT/WAGE Date Hired by Employer		Job Description / Classification		Number of Days Normal Per Week		Wage Rate at Time of Injury or Disease		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Other	
Former Type Code <input type="checkbox"/> Insured <input type="checkbox"/> Self-insured <input type="checkbox"/> Group Term		Last Normally Scheduled Days Off						<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
INJURY/ILLNESS & MEDICAL		Time of Injury <input type="checkbox"/> AM <input type="checkbox"/> PM		Course of Injury		Total Employee Paid Reasonable Cost of Care		Cost of Total Employee Paid Reasonable Cost of Care	
Did Employee Receive First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Injury or Illness Resulted in a Lost Day? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Injury or Illness		Days Work Allowed			
How many days have been allowed? _____									
Treating Physician (Name and Address)				Work Treating Doctor <input type="checkbox"/> None <input type="checkbox"/> Self-Employer <input type="checkbox"/> State Compensation Unit <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalized + 24hrs		I Represent to Clerk On Date _____ Reimbursement with wage _____ per week Federal Final Composite Date of Death _____			
Report Prepared By Print Name						Telephone Number		Date of Report	
B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum									
Previously Medical Only <input type="checkbox"/> Yes <input type="checkbox"/> No		Average Weekly Wage \$ _____				Weekly Benefit \$ _____		Date of Disability	
Date of Last Payment:		Compensation as of \$ _____		or Daily salary paid		Penalty paid \$ _____			
BENEFIT IS PAYABLE FROM _____				FGR _____					
Temporary total disability <input type="checkbox"/>		Temporary partial disability <input type="checkbox"/>		Permanent partial disability <input type="checkbox"/>		for _____ weeks			
UNTIL _____ WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITH NO "RESTRICTIONS". ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-7 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE.									
C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION									
Benefits will not be paid because _____									
D. MEDICAL ONLY <input type="checkbox"/> No disability paid or controverted									
Insured/Self-insured Type or Print Name of Reporting Firm				Signature				Date	
Print name and title				Title					

Can I be disciplined for reporting a work injury or an unsafe condition?

No. Injuries to you or others should be reported promptly so that immediate medical assistance may be provided. Any unsafe work condition should be reported and corrected expeditiously to prevent future injuries.

If I am injured on the job, can I receive monetary damages from my employer in addition to Workers' Compensation benefits?

No. Workers' Compensation is the "exclusive remedy" to an employee against his or her employer for damages resulting from an injury that occurs on the job.

Can I sue anyone for a work-related injury?

If your injury was caused by the negligence of a person or entity other than one associated with your County, then you may have a right to sue that party. If you sue and receive a monetary award, the ACCG – GSIWCF may have a right to recover some or all of the costs expended as a result of your Workers' Compensation claim. This is known as subrogation. A subrogation lien would only be recoverable after you have been fully compensated for your loss resulting from your compensable work injury.

How much will an attorney charge to handle a Worker's Compensation claim?

Most claims are handled without the need of hiring an attorney. Employees have rights and responsibilities under the Workers' Compensation Act established by the State Board of Workers' Compensation (*See figure 2 on page 9*). However, if you feel you need the assistance of an attorney, the Workers' Compensation Statute limits the attorney's fee to a maximum of 25% of income benefits and penalties recovered. In addition, you are responsible for paying any expenses associated with the pursuit of your claim.

How can I jeopardize my benefits?

1. Failure to report your injury promptly.
2. Failure to cooperate with your authorized treating physicians, medical evaluations, treatment or any applicable rehabilitation services.
3. Unjustified refusal to return to suitable employment.
4. Working elsewhere while receiving Temporary Total Disability Benefits.
5. Submittal of fraudulent information.
6. Refusal to take a drug test.

Are there circumstances where I would not receive Workers' Compensation benefits after being injured on the job?

Yes. For instance, benefits are not payable if you are injured while engaged in willful misconduct or if your injury is due to the use of alcohol or drugs or the misuse of controlled substances.

Does the State Board of Workers' Compensation investigate fraud?

Yes. The Board has a fraud and compliance unit that investigates allegations of fraud. The Board has authority to assess civil penalties of up to \$10,000 and to pursue criminal penalties for violations involving fraud.

Figure 2

Bill of Rights for the Injured Worker

WC-BILL OF RIGHTS GEORGIA STATE BOARD OF WORKERS' COMPENSATION BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-8-1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$500 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$500 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$334 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$334 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$500 per week. A widowed spouse with no children will be paid a maximum of \$150,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-523-0882, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwcs.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

(7/2007)

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-523-0882 OR VISIT <http://www.sbwcs.georgia.gov>. FULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$100,000 PER VIOLATION (O.C.G.A. §24-5-16 AND §24-5-17).

REVISION .07/2007

WC-BILL OF RIGHTS

MEDICAL BENEFITS

If I see my personal physician for an injury that I sustained on the job, will the treatment be covered?

No. The law requires you to select from a list of at least six doctors called the “Panel of Physicians.” This is a form posted by your employer in a prominent location at your worksite. Your employer must inform you of the list and explain its function to you.

Should you choose to see a doctor who is not listed on the Panel of Physicians, it would be considered unauthorized treatment, and Workers’ Compensation would not be responsible for the charges.

If you are dissatisfied with your first selection, you may make one change to another physician within the posted panel. Any further changes will require approval from your ACCG claims examiner or the State Board of Workers’ Compensation.

Where will I find the Panel of Physicians?

The Panel of Physicians is printed on legal-sized paper with the words “Official Notice” printed on the top (*see Figure 3 on page 11*). It is likely posted on pink paper, although the State Board no longer requires a particular color. It contains the names, addresses, and phone numbers of at least six physicians authorized to treat you following a work injury. Contact your immediate supervisor if you can’t locate or have questions about the panel.

Figure 3
Panel of Physicians Notice (WC-P1)

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
 TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
 AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation
 270 Peachtree Street, N.W.
 Atlanta, Georgia 30303-1299
 404-656-3818
 or 1-800-533-0682
<http://www.sbwcc.georgia.gov>

name/address/phone

name/address/phone

name/address/phone

name/address/phone

name/address/phone

name/address/phone

(Additional doctors may be added on a separate sheet)
 The insurance company providing coverage for this business
 under the Workers' Compensation Law is:

Name

address

phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-433-0682 OR VISIT <http://www.sbwcc.georgia.gov>
 Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P1 (7/2006)

What should I do if I need emergency care?

In an emergency or in any situation in which no panel physicians are available to you, you may go to the nearest emergency room or immediate care facility. Once the emergency has ended, however, any follow-up care will need to be sought from a physician on your employer's Panel of Physicians.

What happens if I need surgery?

Prior to scheduling any major surgical procedures for an on-the-job injury, except in the case of an emergency, your doctor will notify your employer or Workers' Compensation provider. Once your employer has been contacted, a Workers' Compensation professional will work with your physician and/or his/her medical staff to ensure all the necessary arrangements are made.

What is the process for undergoing MRI's or CT Scans?

In order to ensure that you are provided with quality, prompt, and convenient diagnostic tests, we have established a network to assist in providing these services for you. Your doctor will contact our network provider, who will then contact you to schedule the test at one of their convenient locations. Upon completion of the test, the provider will provide the report to your doctor as soon as possible, usually within 48 hours. Should you encounter any difficulties in scheduling your test, please do not hesitate to contact your claims examiner for assistance.

Am I required to pay a portion of the cost of the medical care I receive resulting from my on-the-job injury?

No. As long as your care is rendered by an authorized treating physician, all bills for reasonable and necessary treatment related to your work injury will be covered. All charges are paid according to the Georgia Workers' Compensation Medical Fee Schedule. If your medical provider charges above the fee schedule, the charges will be reduced to the fee schedule, and that amount will be paid. **YOU ARE NOT RESPONSIBLE FOR CHARGES ABOVE THE FEE SCHEDULE**; however, if you are billed for those costs, contact your claims examiner to assist in getting the charges corrected.

How do I obtain prescription medication?

Shortly after your claim is reported, you will receive a prescription card to use for all medications written by your authorized treating physician for treatment of your work injury. In the meantime, ask your employer or your claims examiner for a temporary card. If no special arrangements have been made, you may have to pay for the prescription and submit the bill to your claims examiner for reimbursement.

Am I eligible to be reimbursed for any other expenses?

The Workers' Compensation Statute provides for reimbursement of certain reasonable personal expenses incurred to obtain medical treatment. This includes such things as mileage, meals, lodging and other expenses, in limited instances, which are deemed necessary and appropriate in order to ensure you receive quality medical care. You should check with your Workers' Compensation claims examiner before incurring expenses.

Please submit a list of all out-of-pocket expenses that you incur, and submit them to your claims examiner (*Figure 4 on page 14*).

How long will it take to receive reimbursements?

Approved expenses will be reimbursed within the time frame established by the State Board of Workers' Compensation. If reimbursements are not paid timely, penalties shall be added in addition to the reimbursement amount.

It is important to submit your approved expenses within one year of the date they were incurred; otherwise you have waived your right to collect such charges from the employer or Workers' Compensation insurer.

Figure 4

Workers' Compensation Mileage Form

Please use this form to record any trips to and from your home or workplace to your Workers' Compensation provider's office, including, but not limited to: physician, physical therapist or pharmacist. You will be reimbursed at the mileage rate established by the State Board of Workers' Compensation.

Please schedule all therapy visits to coincide with any physician visits when both appointments are necessary. We encourage you to fill any medications at the pharmacy immediately after receiving the prescription from your treating doctor. For reimbursement, please update your address and mail the form back to the ACCG Claims Office listed below:

Employee Name:
Claim Number:
Date of Injury:

Please list your return address below:

Address

CityStateZip

Mail your completed mileage report to:

ACCG-GSIWCF
PO Box 922608
Norcross, GA 30010

DATE	MEDICAL OFFICE	ROUND TRIP MILEAGE

*Please note that all mileage reimbursement requests must be submitted within one year of the travel in order to qualify for reimbursement.

INCOME BENEFITS

What income benefits are available under the Workers' Compensation Act, and how are benefit rates determined?

There are four types of income benefits: Temporary Total Disability, Temporary Partial Disability, Permanent Partial Disability and Death Benefits. The State Board of Workers' Compensation determines the maximum weekly rate based on the year in which the injury or death occurred.

Temporary Total Disability Benefits: This benefit is payable to an employee who is injured on the job and unable to work per the authorized treating physician. An employee is eligible for two-thirds of his or her average weekly wage at the time of the injury, not to exceed the maximum rate of compensation as determined by the State Board. For non-catastrophic injuries, benefits are payable for a maximum of 400 weeks from the date of injury if the injury occurred on or after July 1, 1992. For catastrophic injuries, there is no 400 week cap.

Temporary Partial Disability Benefits: This benefit is payable to an employee who has returned to work, but to a position or a schedule that results in lower pay because of the work injury. An employee is eligible to receive two-thirds of the difference between the pre-injury average weekly wage and the new wage, not to exceed the maximum compensation rate as determined by the State Board. It is payable for up to 350 weeks from the injury date.

Permanent Partial Disability Benefits: This benefit is payable when an employee's authorized treating physician has determined that an injured body part has some degree of permanent impairment and payments for Temporary Total Disability and Temporary Partial Disability have stopped. The

physician will provide an “impairment rating” in the form of a percentage either to the specific body part or to the body as a whole. Physicians are required to use current guidelines set forth by the American Medical Association in determining these ratings. Each body part is allotted a certain number of weeks by the State Board of Workers’ Compensation. This number is multiplied by the impairment rating to determine the number of weeks of eligibility, at the same rate of pay as calculated for Temporary Total Disability Benefits.

Death Benefits: This benefit is payable to eligible dependents of an employee who sustains a compensable fatal injury. The total rate payable to and distributed amongst dependents is calculated in the same manner as Temporary Total Disability Benefits. Funeral and burial expenses are covered up to the maximum amount as set forth by the State Board of Workers’ Compensation.

Only one type of benefit can be paid at any given time.

How will I be paid if my injury prevents me from working?

You are entitled to receive weekly Temporary Total Disability Benefits if you miss more than seven days from work. The first 7 days is considered a “waiting period,” during which time you are not eligible to draw Workers’ Compensation income benefits. You will be paid Workers’ Compensation Income Benefits for any days that you miss in excess of 7 days. If you are out longer than 21 consecutive days, you will be paid Workers’ Compensation Income Benefits for your 7-day waiting period unless you received regular wages from your employer.

Your first check will be mailed to you within 21 days of the first absence upon verification that your authorized treating physician has excused you from work. However, you may receive your check much sooner, as your claims examiner will issue your payment as soon as he or she has the information required to do so. *(See page 15 for details regarding calculating your benefits)*

How long am I eligible to receive Temporary Total Disability Benefits?

If you sustain a non-catastrophic injury, you are eligible to receive income benefits for as long as your authorized treating physician finds that you are unable to work, but up to a maximum of 400 weeks. If you sustain a catastrophic injury, there is no 400 week cap.

If my doctor determines that I can work in a limited capacity, how will this affect my Workers' Compensation benefits?

Your employer will try to place you in a job that meets the limitations placed on you by the authorized treating physician. However, if a light-duty job is not available and you remain out of work in a light-duty status for 52 consecutive weeks or, if periods of disability are interrupted, a maximum of 78 total calendar weeks, your income benefits will be reduced automatically by law from the Temporary Total Disability benefit to the maximum allowable Temporary Partial Disability benefit.

If you are given a light-duty release and a light-duty job is available, your employer will expect you to return to work. The Workers' Compensation Statute provides for a 15 working day "grace period". This allows an employee to attempt to perform a light-duty job without fear of losing benefits if they are unable to perform the job duties.

Are there benefits available in the event my light-duty position does not pay as much as my regular position?

You may receive Temporary Partial Disability Benefits based on your reduced earnings. You are eligible until your employer begins paying you a weekly rate equal to or in excess of your pre-injury average weekly wage, for a maximum of 350 weeks. *(See Page 16 for details regarding calculating your benefits)*

What will happen if my employer cannot provide me with a light-duty position?

Your Temporary Total Disability Benefits will continue until your employer can provide you with a position or until your doctor

finds that you are able to perform your regular job, subject to the 350 and 400 week caps on income benefits. Furthermore, in no event can you collect Temporary Total Disability benefits for more than 52 consecutive or 78 aggregate weeks while released to light-duty work.

What happens if my injury does not completely heal?

If you are able to work, your employer will try to accommodate your work restrictions in a light-duty job. If you are unable to work in any capacity, or if your employer cannot provide you with light duty within your work restrictions, then you will be eligible to collect Temporary Total Disability benefits for a maximum of 400 weeks as measured from the accident date, unless your injury is designated catastrophic by the State Board of Workers' Compensation, in which case there is no 400 week cap. Once you have been paid all applicable Temporary Total Disability and Temporary Partial Disability and if your authorized treating physician has issued a permanent Impairment rating, then you would be entitled to collect Permanent Partial Disability benefits as explained on page 15.

Will my dependents receive benefits if I die as a result of a compensable work injury?

Yes. Your dependents will receive death benefits as outlined on Page 16. Generally, your spouse and minor children would be considered to be eligible dependents.

The limit of the benefits to a surviving spouse with no minor children is subject to the current guidelines under the Workers' Compensation Act. Where there are minor children involved, benefits are payable until the youngest child reaches age 18. However, benefits may be extended until the child is 22 as long as he or she is a full-time student or the equivalent in good standing enrolled in a post secondary institution of higher learning.

Note that income benefits are only payable to your dependents if your death is a result of a compensable injury. If you are receiving medical or income benefits under workers'

compensation and you die for reasons unrelated to your injury, benefits will be terminated, as they cannot be passed down to your dependents.

INJURIES

Are occupational diseases covered?

Yes. If your disease meets certain tests imposed by law, you can be compensated. There must be a causal relationship between your employment and the disease. It cannot be a disease that is an ordinary disease of life to which others are exposed.

What happens if I re-injure or aggravate a pre-existing condition or injury?

The Workers' Compensation Act limits the extent to which an aggravation of a pre-existing condition or injury is compensable. An aggravation of an on-the-job injury is compensable while the aggravation is the cause of the disability. Once the aggravation resolves and you return to the pre-injury condition, the claim will no longer be compensable.

Can I be compensated for a repetitive motion injury?

Yes. Repetitive motion injuries are compensable if they arise out of and occur in the course and scope of employment.

What is a catastrophic injury?

Catastrophic injuries are extremely severe injuries, such as loss of limbs and severe burns. The State Board of Workers' Compensation determines which injuries qualify. If your injury is deemed catastrophic, you will be assigned a nurse trained in dealing with these kinds of injuries to assist you in managing your medical care.

Are heart attacks and strokes covered under Workers' Compensation?

Heart attacks and strokes are not covered injuries under Workers' Compensation unless it is shown by a preponderance of competent and credible evidence, which shall include medical evidence, that the condition was attributable to the performance of the usual work of employment.

What are my options if my Worker's Compensation claim is denied?

If your claim is denied, you will be notified of the reason for the denial. You have the right to request a hearing from the State Board of Workers' Compensation if you disagree with the denial. A claim with the State Board of Workers' Compensation must be filed within one year of the date of the injury. The procedure for filing a claim is outlined on the back of the Workers' Compensation form titled "Employer's First Report of Injury" (WC-1).

What is the time limit for filing a Workers' Compensation claim?

After properly reporting an injury, you have one year from the date of injury to file a claim. If you received remedial treatment from your employer for the injury, you have one year from the date of treatment to file a claim for Workers' Compensation benefits. If you received weekly income benefits as a result of the on-the-job injury, you have two years from the date of your last weekly income benefits to file a claim.

In the case of an occupational disease claim, you have one year from the date you become aware of your disease or, in the exercise of reasonable diligence, should have known of the relationship between your disability and your employment.

No claim for an occupational disease may be filed after seven years from the last date you were exposed to the employment hazards related to your disease. However, for the diseases of asbestos or mesothelioma related to the exposure to asbestos, you have one year from the date of first disablement after diagnosis to file a claim.

Once I have reached Maximum Medical Improvement following my injury, may I continue to seek medical treatment?

Yes. You can go back to your authorized treating physician and receive treatment in accordance with the established guidelines set by the State Board of Workers' Compensation.

When will my claim officially close?

When appropriate benefits have been paid, or once a settlement agreement is reached by all parties and approved by the State Board of Workers' Compensation and a monetary amount is paid to you or your dependents, your claim is closed. Some claims, due to the nature of the injury, remain open until the statute of limitations runs, or until the injured worker's death, whichever occurs first.

If this publication has not answered your questions, please feel free to call 1-877-421-6298 and ask for the ACCG Workers' Compensation Claims Supervisor.

If for any reason you require additional information, then the State Board of Workers' Compensation is available to answer your question about benefits in the State of Georgia. They can be reached at:

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, GA 30303-1299
1.800-533.0682
404.656.3875
www.sbwc.georgia.gov

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**Association County Commissioners of Georgia
Group Self-Insurance Workers' Compensation Fund**

P.O. Box 922608
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