



NOTICE: NEW MEXICO WORKERS COMPENSATION

This business operates under New Mexico Workers Compensation Law.

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

Workers Compensation insurance benefits are provided through:

BerkleyNet

To report a claim, contact us at:

Website: berkleynet.com

Email: claims@berkleynet.com

Address: 9301 Innovation Drive, Suite 200, Manassas, VA 20110

Phone: 877.497.2637

Fax: 866.275.6320

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE ♦ PO BOX 27198
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE.

G E N E R A L	EMPLOYER (NAME & ADDRESS INCL ZIP)				CARRIER / ADMINISTRATOR CLAIM #		OSHA LOG NUMBER		REPORT PURPOSE CODE					
					JURISDICTION		JURISDICTION CLAIM NUMBER							
					INSURED REPORT NUMBER									
	PHONE NUMBER				EMPLOYER FEIN		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #				
									INDUSTRY CODE					
C A R R I E R	C L A I M S A D M I N	CARRIER (NAME, ADDRESS & PHONE NO)				POLICY PERIOD TO		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)						
						CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE								
		CARRIER FEIN				POLICY / SELF-INSURED NUMBER				ADMINISTRATOR FEIN				
		AGENT NAME & CODE NUMBER												
E M P L O Y E E	NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE HIRED		STATE OF HIRE			
	ADDRESS (INCL ZIP)				GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		MARITAL STATUS <input type="checkbox"/> UNMARRIED SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		OCCUPATION/JOB TITLE OR (SOC) CODE					
	PHONE NUMBER				# OF DEPENDENTS				EMPLOYMENT STATUS					
									NCCI CLASS CODE					
W A G E	RATE		PER:		<input type="checkbox"/> DAY <input type="checkbox"/> WEEK	<input type="checkbox"/> MONTH <input type="checkbox"/> OTHER:	# DAYS WORKED/WEEK		FULL PAY FOR DAY OF INJURY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
									DID SALARY CONTINUE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
O C C U R R E N C E	TIME EMPLOYEE BEGAN WORK		<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS		TIME OF OCCURRENCE		<input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE		DATE EMPLOYER NOTIFIED		DATE DISABILITY BEGAN	
	CONTACT NAME / PHONE NUMBER						TYPE OF INJURY/ILLNESS				PART OF BODY AFFECTED			
	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO						TYPE OF INJURY / ILLNESS CODE				PART OF BODY AFFECTED CODE			
	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED							
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED							
	HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.													
													CAUSE OF INJURY CODE	
	DATE RETURNED TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				WERE THEY USED?						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
T R E A T M E N T	PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)						HOSPITAL (NAME & ADDRESS)						INITIAL TREATMENT	
													<input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSPITAL <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED	
O T H E R	WITNESSES (NAME & PHONE #)													
	DATE ADMINISTRATOR NOTIFIED				DATE PREPARED		PREPARER'S NAME & TITLE							

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

Phone: (505) 841-6000

In-State Toll Free: 1-800-255-7965

FARMINGTON: 599-9746/1-800-568-7310

LAS CRUCES: 524-6246/1-800-870-6826

LAS VEGAS: 454-9251/1-800-281-7889

LOVINGTON: 396-3437/1-800-934-2450

FILING INSTRUCTIONS

PURPOSE: To report all alleged work-related injuries or illnesses resulting in more than 7 days of lost work or in death of the worker. This form is not an admission or denial by the employer as to whether the worker's alleged injury or illness is compensable, **and must be completed by the employer or the employer's representative.**

WHEN TO FILE: This form must be filed within 10 days of knowledge of any alleged work-related injury or illness that results in more than 7 days of lost work. **It must be filed even if the employer disputes the worker's claim of work-related injury or illness.**

WHERE TO FILE: Mail the original form to the New Mexico Workers' Compensation Administration (Attention: Statistics) at the address on the front of this form. **Copies must also be provided to the worker and the employer's workers' compensation insurer.**

PENALTIES: Each instance of failure to file this form when required is punishable by a fine of up to \$1,000.00.

INSTRUCTIONS FOR COMPLETION

FILLING IN THE SHADED AREAS IS OPTIONAL. The employer may wish, however, to use some of these areas (such as "Witnesses") for the employer's records. Expanded instructions are found in the publication ***Guide to Completing the Employer's First Report of Injury or Illness***, available from the Administration's Albuquerque office (call either number bold-faced above and ask for Statistics).

Please print in black ink or type, and ensure that all entries are legible before submission. An illegible or incomplete E1 may be returned.

NAIC CODE: Represents the nature of the employer's business at the location where the worker was employed at the time of injury or illness exposure; derived from the federal government publication *North American Industry Classification System Manual*. Include this code if known.

EMPLOYER'S LOCATION ADDRESS: Facility where the worker was employed at the time of injury, if different from mailing address.

CARRIER: Name, mailing address and telephone number of the licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer. A WCA-approved self-insured employer should enter its business name.

CLAIMS ADMINISTRATOR: Name, mailing address and telephone number of the insurance carrier, agency, third party administrator or self-insured responsible for adjusting the claim.

EMPLOYER, CARRIER OR ADMINISTRATOR FEIN: Federal Identification Number, assigned by the Internal Revenue Service.

DID SALARY CONTINUE? Shows if the employer is continuing to pay the worker's regular wages *without charge to employee benefits*.

DATE OF INJURY/ILLNESS: In the case of an occupational illness (arising from the worker's activity or exposure over an extended period), enter the date of diagnosis or the date first reported to the employer as possibly work-related.

DATE EMPLOYER NOTIFIED: The date the worker first notified (verbally or in writing) the employer or the employer's representative of the alleged work-related injury or illness.

DATE DISABILITY BEGAN: The first full day on which the worker lost time from work due to the injury or illness.

TYPE OF INJURY OR ILLNESS: Briefly describe the nature of the injury (such as lacerations to the forearm) or illness (such as carpal tunnel syndrome). Be as specific as possible.

PART OF BODY AFFECTED: The specific part of body affected by the injury or illness (for example, right forearm, lower back).

DEPARTMENT OR LOCATION: If the accident or illness exposure did not occur on the employer's premises, enter specific address or location (for example, Client's office at 123 Main St., Yourtown, NM 87xxx). For occurrences in New Mexico, give ZIP or COUNTY.

ALL EQUIPMENT, MATERIAL OR CHEMICALS: List all equipment, materials and/or chemicals the worker was using, applying, handling or operating when the injury or illness exposure occurred. Be specific (for example, decorator's scaffolding, electric sander, paintbrush and paint). Enter "NA" if not applicable. NOTE: The items listed do not have to be directly involved in the worker's injury or illness.

SPECIFIC ACTIVITY: Describe the specific activity the worker was engaged in when the accident or illness exposure occurred (for example, sanding ceiling woodwork in preparation for painting).

WORK PROCESS: Describe the work process the worker was engaged in when the accident or exposure occurred, such as building maintenance. Enter "NA" for not applicable if not engaged in a work process (for example, if the worker was walking along a hallway).

HOW INJURY OR ILLNESS OCCURRED: Describe how the injury or illness/abnormal health condition occurred. Be very specific. Include the sequence of events and name any objects or substances that directly injured the worker or made the worker ill. (For example: worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

WORKER'S/EMPLOYER'S RIGHTS AND RESPONSIBILITIES

If you, the worker, believe that benefits are due you under the Workers' Compensation Act, and your employer or the employer's insurance carrier has failed or refused to make those benefits available to you, you have a right to file a complaint with the New Mexico Workers' Compensation Administration. Workers and employers with questions about rights or responsibilities under the Act may contact an ombudsman at any Workers' Compensation Administration regional office for information and assistance. To do so, call any of the above-listed telephone numbers (8 a.m. to 5 p.m. M-F).



The Workers' Compensation Handbook For New Mexico

Booklet A1: Workers' Compensation Quick Facts

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"Workers' Compensation Quick Facts" contains basic information about the workers' compensation system in New Mexico, to help employers and workers get started understanding what workers' compensation is and how the system works.

"Workers' Compensation Quick Facts" is the introduction to the series, *The Workers' Compensation Handbook for New Mexico*. The topics mentioned here are explained in other booklets. For more information about any subject, refer to the correct booklet. The booklets are available free of charge from all offices of the Workers' Compensation Administration (WCA). See the list of offices at the back of this booklet.

The booklets are also downloadable from the Internet web site of the WCA. The address is www.workerscomp.state.nm.us.

What is workers' compensation?

Workers' compensation is a system of insurance that helps take care of people when they are injured at work or become sick as a result of work. If this happens, the employer must provide two things:

- health care for the injury or illness;
- indemnity benefits (money directly to the worker) as a partial substitute for lost wages, if the worker is unable to work for a period of time due to the injury or illness.

Workers' compensation is primarily a private insurance system. Most employers buy an insurance policy and pay premiums to an insurance company. The insurance company pays the medical bills and indemnity benefits when an injured worker has a claim. Some large businesses and government agencies, with state approval, administer their own programs and pay their own claims. These are called self-insured.

Workers' compensation protects both workers and employers. Workers are protected because they will receive benefits no matter what caused their accident, and employers are protected because their costs are limited to the benefits set out in the law.

The workers' compensation system recognizes that it's best for everyone if workers go back to work after their injury as soon as they can. Indemnity benefits help injured workers take care of themselves and their families while they are recovering, but they are not a bonus.

The system is intended to prevent costly lawsuits to decide who was responsible for causing an injury. If an injury or illness is covered under the workers' compensation system, the employer is financially responsible for paying the costs.

Workers' compensation insurance can be expensive. Keeping the cost down is up to the employer, management, and all workers. The best way to keep the cost down is for workers and employers all to do their part for safety.

The WCA regulates the system. The WCA is the court where disputes about claims are heard and resolved. Most disputes are resolved quickly through mediation. The WCA acts as a regulator to make sure employers have coverage. It has programs to provide information on claims and safety and to investigate charges of fraud and unfairness.

Every employer should know...

- Almost all employers in New Mexico are required by law to have workers' compensation insurance coverage for their employees. New Mexico workers' compensation law says that all employers employing 3 or more workers must have coverage, except that in the construction industry, all employers must have coverage regardless of the number of employees. For a detailed explanation including exceptions and exemptions, see Booklet A3, "The Workers' Compensation Coverage Guide for Employers and Insurance Agents."
- Once the insurance is obtained, there are certain things you should do right away. Don't just put your policy in a drawer. Read Booklet A2, "Setting Up a Workers' Compensation Program," and the information sent by your insurer.
- Workers' compensation insurance pays 100 percent of the authorized medical expenses for a worker injured on the job or as a result of occupational disease. The worker is not to pay anything. Your workers' compensation insurer pays these expenses, even if you have a "large-deductible" policy.
- For workers who are out of work more than 7 days because of on-the-job injury or occupational disease, workers' compensation provides indemnity benefits to help support the worker while he is unable to earn his pay. Your workers' compensation insurance carrier makes those payments.
- Workers' compensation protects you by limiting your liability for work-related injuries. Once you are covered by workers' compensation, an injured worker cannot sue you except under the provisions of the Workers' Compensation Act.
- You probably have received materials from your insurer or self-insurance program. The packet of materials contains important instructions that you should read now. Find the packet, read through it, and make sure several key people know where this information is filed.
- The WCA provides Workers' Compensation Act posters and Notice of Accident forms. You are required by law to post the poster and place the forms where your workers can see them. Your insurer or self-insurance program may have these materials for you. If not, call the WCA. See the list of offices at the end of this booklet.
- If you fail to provide appropriate safety equipment or procedures, and a worker is injured, the worker may be entitled to extra indemnity benefits. This extra benefit normally must be paid directly by you, not by your insurance company.

Every worker should know...

- If you are injured on the job or become disabled by an occupational disease, your employer must pay all your authorized medical expenses.
- You are required to notify your employer or supervisor in writing of any accident at work, within 15 days of the accident. It is best to notify your employer or supervisor as soon as you can.
- If you lose more than 7 days of work because of an injury or occupational disease covered by workers' compensation, your employer must provide indemnity benefits, money to you to substitute for part of your lost wages. The indemnity benefits are never as much as your regular pay.
- The medical expenses and indemnity benefits are paid by the employer's insurance company or self-insurance program. This money does not come from the state (except when the worker is a state government employee). The WCA does not pay these benefits.
- If your employer has provided a safety device and you did not use it, you could lose part of the indemnity benefits.
- If you have an accident under the influence of drugs or alcohol, or cause an accident on purpose, you could lose part or all of the benefits, both medical and indemnity.
- You cannot be paid off in a single big check while you are still out of work. The insurance company or self-insurance program is not allowed to pay off your claim until you have been back at work for 6 months and other requirements are met.
- Indemnity benefits are paid only for a certain period of time. You should plan to go back to work as soon as you are able.

The rules that govern new workers' compensation claims are based on New Mexico law. Law changes from time to time due to acts of the Legislature and decisions by the state's higher courts. If you have a claim, your case will be governed by the law in effect at the time of your claim.

The Employer's Responsibilities

The following are employer responsibilities under law. Learn in detail about these responsibilities in Booklet A2, "Setting Up a Workers' Compensation Program."

- Buy workers' compensation insurance. The coverage requirement is explained in Booklet A3, "The Workers' Compensation Coverage Guide for Employers and Insurance Agents."
- Post the workers' compensation poster and Notice of Accident forms. You may receive these from your insurer or self-insurance program. If you do not, you can download the poster from the WCA web site or obtain one from the WCA. Notice of Accident forms must be on two-part paper so they are not downloadable.
- If your insurance premium is \$5,000 per year or greater, you are required to have an annual safety inspection, which may be performed by yourself as a self-inspection, by a consultant, by your insurer or self-insurance program, or by a WCA safety consultant. Booklet D1, "Annual Safety Inspections," sets out the minimum standards for your inspection.
- You must pay a tax called the workers' compensation personnel assessment fee. This tax is \$4.30 per employee per calendar quarter. It is filed with and paid to the Taxation and Revenue Department, separately from other taxes you pay. See Booklet A5, "Workers' Compensation Personnel Assessment Fee."
- If a worker has an accident, notify your insurer or self-insurance program. If the accident results in injury, submit the necessary paperwork to establish the claim.
- Establish a policy on health care provider selection. Either you will select the health care provider who will treat your injured workers for the first 60 days of care (exclusive of emergencies), or you will allow your employees to make their own selection. Inform your employees of this policy. See Booklet A2, "Setting Up a Workers' Compensation Program."

To control costs, prevent accidents.

Your insurance premium is based, in part, on your company's record of accidents.

- Develop a safety program and make sure it is followed. The WCA safety consultants can help you, free of charge.
- Provide training for hazardous work, especially for new or inexperienced workers.
- Enforce safety rules and practices.
- Enforce drug and alcohol rules. Provide help for drug and alcohol problems.

Prevent injuries from becoming costly.

- Help injured workers get proper medical care quickly.
- Stay in touch and let them know you care about them.
- Encourage them to get better and back to work quickly.
- Find opportunities to bring your employees back to work at whatever work they can do.

If an accident happens:

- If it is an emergency, get emergency care first.
- Then follow the guidelines in Booklet B1, "What to Do after an Accident."
- Notify your workers' compensation insurance carrier or self-insurance program within 72 hours of the time you learn of the accident.
- Your insurer or self-insurance program has probably sent you instructions for accident follow-up, investigation and reports. Look in the materials you have been given, or contact your insurer or self-insurance program.

You have additional duties, responsibilities and rights under workers' compensation law. Get a complete set of booklets of the *Workers' Compensation Handbook for New Mexico*, published by the WCA. Keep it in the office for reference. Read and follow the instructions for employers. Call the ombudsman program of the WCA if you have any questions.

The worker's responsibilities

- Work safely at all times. Take safety seriously. Find out your employer's emergency procedures. Your family and your co-workers depend on your safety.
- Learn what to do if an accident happens. Protect yourself and be able to help if another worker is injured.
- Take care of yourself and take care of other workers. If you see an unsafe work practice, do something about it.
- Don't go to work under the influence of illegal drugs or alcohol. Don't work around anybody who is drunk or using drugs.

If an accident happens:

- If it is an emergency, get help and emergency care first.
- Fill out a Notice of Accident form. Forms should be provided by your employer and posted where you work.
- Fill out the form any time you are in an accident, even if you don't think you were injured. If you can't find a copy of the form, ask. You must fill out the form (or give other notice in writing) within 15 days of the accident.
- If you are injured as a result of your accident, make sure your employer knows.
- Check with your employer before you get any medical care except emergency care. Your employer has the right to choose a doctor for you at this time or to allow you to choose. Tell all doctors this was a work-related injury.
- Find out more about workers' compensation and your rights and responsibilities. You may need information from other booklets of the *Workers' Compensation Handbook* or the *Workbook for Injured Workers*. See the list of booklets at the back of this booklet.

The Workers' Compensation Administration is here to help

The WCA is a New Mexico state government agency, with a staff of claims information specialists (called ombudsmen), mediators, administrative law judges, safety consultants and others. The WCA's job is to help make the system function fairly and cost-effectively for all New Mexico workers and employers.

The WCA functions in three general areas: information and assistance, regulation and adjudication.

Information and Assistance

Personal assistance with claims

The OMBUDSMAN program. WCA ombudsmen provide information and help clear up problems about workers' compensation. Any person can call the ombudsmen, with any question about workers' compensation (unless you are represented by a lawyer). They can discuss the problem over the phone, with a toll-free phone call from anywhere in New Mexico. Ombudsmen are on staff at all WCA offices.

Safety consultation

WCA safety consultants provide safety services free on request. They make on-site visits to businesses on request and help employers and managers develop and

implement their own safety programs. The consultants are available to help you with your safety program in whatever way you need. Services include safety consultations, training, inspections (including mandatory annual inspections for larger businesses) and program design and implementation.

Seminars and outreach visits

Several WCA bureaus provide educational services to employer and worker groups. Seminar programs include those scheduled by the WCA and those given on the invitation of businesses, business groups and civic organizations throughout the state. Special seminar programs can be arranged for professional interest groups such as health care providers and insurance agents.

The WCA participates in a multi-agency seminar program, in Albuquerque only, for new business owners. This program provides information from several state and federal regulatory agencies. It is hosted by the New Mexico Taxation and Revenue Department. See the WCA web site at www.workerscomp.state.nm.us for current schedules.

Publications

This booklet is one of a series entitled *The Workers' Compensation Handbook for New Mexico*. The booklets are written to provide in-depth information for employers and workers. A complete list of booklets is in the back of this booklet. More information about other WCA publications is on the page titled "Help from the WCA."

Employers without workers' compensation coverage

If an employer is required to have workers' compensation insurance coverage and does not have it, the WCA can take action to enforce the requirement.

Any person may report an employer who is suspected of being illegally without coverage. Call any office of the WCA. See phone numbers on the back page of this booklet.

Benefits for employees of illegally uninsured employers

If an employer is illegally uninsured, and a worker is injured, the worker may qualify for benefits through a program administered by the WCA called the Uninsured Employers' Fund. The WCA will then collect the full cost of all benefits, plus a substantial penalty, from the illegally uninsured employers. Workers can contact the ombudsman program at any office of the WCA.

Help from the Workers' Compensation Administration

(See the list of offices and telephone numbers on the back page of this booklet)

WCA publications

You can get publications from any office of the WCA. Go to an office or telephone to request publications by mail. Most publications are also downloadable from the WCA web site.

Workbook for Injured Workers is a book written just for workers. It explains the claims process in a relatively simple, easy to understand way, telling you your rights and responsibilities. It contains forms that you can use to keep track of your claims.

Employer's Guide to New Mexico Workers' Compensation is written just for employers and gives information addressed to the employer in a simplified format.

The Workers' Compensation Handbook for New Mexico (the booklets in this series) are more detailed, containing more information than the *Workbook* or *Employer's Guide*.

The Stay at Work/Return to Work Program Guide is written for employers and contains model policies and practices to help employers minimize the need for workers to remain out of work.

Some WCA publications are available in Spanish.

Personal contact

WCA offices: The state headquarters are located in Albuquerque. Field offices are in Farmington, Las Cruces, Las Vegas, Lovington, Roswell and Santa Fe. See list on the back page.

Speakers and seminars: Several bureaus of the WCA provide speakers to talk to employer and worker groups. Contact your nearest office.

The WCA ombudsmen provide information and help clear up problems about workers' compensation. Any person, employer or worker, can call the ombudsmen, with any question about workers' compensation (unless you are represented by a lawyer in your case). Some ombudsmen speak Spanish.

The Employer Compliance Bureau works with employers to ensure that those who are required to have coverage do have it.

WCA web site

www.workerscomp.state.nm.us

Most publications can be downloaded from the WCA web site.

Workers' Compensation Handbook List of Booklets

This list shows new titles and numbering system that will be in effect when the 2007 revision is completed. Some booklets are eliminated and others are renumbered. There are some changes from the pre-2007 editions of the booklets.

To get the information you need:

Contact any office of the Workers' Compensation Administration for printed copies OR

All booklets can be downloaded from the Workers' Compensation Administration web site at www.workerscomp.state.nm.us

Booklet A1(E)	Workers' Compensation Quick Facts- English
Booklet A1(S)	Compensación A Los Trabajadores Informes Básicos (Spanish)
Booklet A2	Setting Up a Workers' Compensation Program
Booklet A3	The Workers' Compensation Coverage Guide for Employers and Insurance Agents
Booklet A4	Uninsured Employers' Fund
Booklet A5	Workers' Compensation Personnel Assessment Fee (WC-1)
Booklet B1	What to Do after an Accident
Booklet B2	Benefits for Workers While They Cannot Work
Booklet B3	Going Back to Work
Booklet B4	Medical Care in Workers' Compensation
(B5 and B6 will be discontinued)	
Booklet B7	Información del sistema compensativo para los empleados (Spanish)
Booklet B8	Quick Facts for Health Care Providers
Booklet C1	When You Need Help with a Workers' Compensation Claim
Booklet C2	What to Do In Response to "Bad Acts"
(C3 through 5 will be discontinued)	
Booklet D1	Annual Safety Inspections
Booklet D2	How to Develop a Safety Program (published by the Advisory Council on Workers' Compensation and Occupational Disease Disablement)

(On the web site, look under Employers)

- | | |
|----|---|
| E3 | Guide to Completing and Filing Paper Copy for Employers' First Report of Injury or Illness (Form E1.2) and Notice of Benefit Payment (Form E6.2) |
| E4 | EDI Guide to Completing the Employers' First Report of Injury or Illness (Form E1.2) and Notice of Benefit Payment (Form E6.2) — limited to certified electronic filers |

Other publications

Health Care Provider Guide to New Mexico Workers' Compensation
Guidebook for Employers in New Mexico (English and Spanish)
Workbook for Injured Workers (English/ Spanish edition soon to be published)
The Stay at Work/Return to Work Program Guide

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

STATE HEADQUARTERS

Mailing Address: Workers' Compensation Administration

PO Box 27198, Albuquerque NM 87125

Location: 2410 Centre Avenue SE (near Yale-Gibson intersection)

In-state toll-free phone: 1-800-255-7965

Local phone 841-6000

REGIONAL OFFICES:

Southeastern regional office at Lovington:

100 West Central, Lovington, NM 88260

Telephone: 575-396-3437

In-state toll-free phone: 1-800-934-2450

Southwestern regional office at Las Cruces:

1120 Commerce Drive, Suite B-1, Las Cruces, NM 88011

Telephone: 575-524-6246

In-state toll-free phone: 1-800-870-6826

Northwestern regional office at Farmington:

3535 East 30th Street, Farmington, NM 87401

Telephone: 505-599-9746

In-state toll-free phone: 1-800-568-7310

Northeastern regional office at Las Vegas :

2515-2 Ridge Runner Road, Las Vegas NM 87701

Moving in 2008 to: 32 New Mexico 65, Las Vegas NM 87701

Telephone: 505-454-9251

In-state toll-free phone: 1-800-281-7889

Roswell Office:

Penn Plaza Bldg., 400 N. Pennsylvania Ave., Ste. 425, Roswell NM 88201

Telephone: 575-623-3781

In-state toll-free phone: 1-866-311-8587

Santa Fe Office:

810 West San Mateo, Suite A-2, Santa Fe, NM 87505

Telephone: 505-476-7381

Internet web site address: <http://www.workerscomp.state.nm.us/>

HELP & HOTLINE: 1-866-WORKOMP / 1-866-967-5667

mjdwc 1/08

**The Importance of Notice of Accident
in New Mexico workers' compensation
By Judge Gregory Griego**

The workers' compensation law, section 52 -1-29 (A) NMSA, requires an injured worker to give written notice of an accident. The notice of the accident must be provided within 15 days of when worker knew or should have known of the accident occurrence. A notice of an accident must be provided to the employer, an employer's agent, or another person acting within supervisory capacity. Mosher v. Bituminous Ins. Co., 96 NM 674, 634 P.2d 696 (Ct. App. 1981).

Actual notice of an accident by a supervisor can substitute for the written notice required by the statute. Section 52-1-29 (A) NMSA. Actual notice can take many forms, including direct observation of an accident, or the consequences of an accident.

Notice to a health care provider normally will not constitute notice of an accident complying with the statute. Sanchez v. Azotea Contractors, 84 NM 764, 508 P.2d 34 (Ct. App. 1973).

Verbal notice to a supervisor may constitute actual notice, but only if it puts the employer on notice regarding the time, place and circumstances of a work accident. Bell v. Kenneth P. Thompson Co., 76 NM 420, 415 P.2d 546 (S. Ct. 1966). Verbal notice of an accident can be given to a supervisor by someone other than the worker. For example, a co-worker can inform a supervisor of the occurrence of a work accident.

Mere knowledge of an injury, without relation to a work accident is insufficient notice within the requirements of the statute. Herndon v. Albuq. Publ. Sch., 92 NM 635, 593 P.2d 470 (Ct. App. 1978). For example, the statement, "My neck hurts," would not constitute notice of an accident. The statement, "My neck hurts since I lifted an engine block yesterday," would be sufficient as notice to an employer.

Actual notice of an accident is subject to the same time limitations and requirements as written notice. See Rohrer v. Eidal International, 79 NM 711, 449 P.2d 81 (Ct. App. 1968).

The failure to give timely notice of an accident constitutes an absolute defense to a claim for worker's compensation benefits. Geeslin v. Goodno, Inc., 75 NM 174, 402 P.2d 156 (S. Ct. 1965). The defense is considered to be an affirmative defense, which must be raised by the employer. Mosher v. Bituminous Ins. Co., 96 NM 674, 634 P.2d 696 (Ct. App. 1981). The practical effect of this is that notice is assumed to have been given unless there is a specific denial of notice on the part of the employer. Employer bears the burden of proof establishing a lack of notice.

Employer is required under Section 52-1-29 (B) NMSA to keep posted in a prominent location a poster promulgated by the Workers Compensation Administration regarding the law of workers' compensation. The poster is required by statute to have posted along with it forms of notice which have been approved by the Director of the Workers' Compensation Administration. Section 52-1-29 (C) NMSA.

If an employer fails to comply with the statutory requirement regarding the posting of the WCA poster, the time for providing notice by a worker of an accident can extend up to 60 days from the accident. Section 52-1-29 (B) NMSA. Trial decisions have held that the posting of the notice poster, without the notice forms, was inadequate and the time for notice was extended to 60 days. A trial decision has held that the placement of the poster and notice forms in a locked cabinet without ready access was inadequate.

Worker is expected to give notice of an accident when the worker knows or should have known of a work related injury and seriousness of the accident and its resulting injuries. In one case, the worker felt a minor neck pain at the time of the accident. The worker later related serious arm pain to the work accident. The time for giving notice began to run when the worker was aware of the relation between work and injury. Garnsey v. Concrete, Inc., 1996-NMCA-081, 122 NM 195. It is not uncommon for a worker to first become aware of the relation between a work incident and an injury when they are informed of that by a health care provider. Even where there is a clear relation between an accident and injury, the time for notice does not begin to run until a reasonable worker would appreciate the seriousness of the injury. Gomez v. B. E. Harvey Gin Co., 110 NM 100 (S. Ct. 1990).



New Mexico Workers' Compensation Administration Bulletin

Special Edition

Employers are required to post the workers' compensation poster with the Notice of Accident Forms at their workplaces.

The Workers' Compensation Administration asks all insurers and self-insurance administrators to educate employers so that they comply correctly with the posting requirement.

Where to get posters and forms:

The WCA poster and NOA are available on the WCA web site:
www.workerscomp.state.nm.us

Employers should be advised to:

- Display the poster properly at all work sites;
- Post **Notice of Accident (NOA)** forms with the poster;
- Educate their employees on the use of the NOA forms.
- The poster has a blank space in which the employer is required to write the name of the employer's insurance carrier or self-insurance program, along with a contact telephone number.
- The contacts must be located in New Mexico as required by law.
- Employers are required to hang or post a supply of NOA forms attached to the poster. The forms can be hung at the bottom where indicated.

Complying with the law:

- If the poster is displayed without the forms attached or adjacent, that does not comply with the law.
- Employers must give workers access to the two-part carbonless Notice of Accident form or a printed copy that can be downloaded from the WCA website.
- When a worker uses the form to report an accident, the employer is required to accept the form as the worker's official notice, to sign and date the form and give the worker a copy.

Go to any WCA office in person; for large quantities, please telephone ahead.

To request and receive printed copies of the poster and/or Notice of Accident forms by mail, contact the Publications Office at:

**Call: (505) 841-6000 or,
1-800-255-7965,
or email request to:
wca.hotline@state.nm.us**

These materials are free of charge. For large quantities, you will be asked to pay mailing costs.

WCA HELPLINE - HOTLINE:
(toll free in New Mexico)

1-866-WORKOMP

1-866-967-5667

www.workerscomp.state.nm.us

What is the poster for and why are employers required to post it?

The purpose of the workers' compensation poster is:

- to inform workers that their employer has workers' compensation insurance (or self-insurance) coverage, and that they have certain rights if they are injured;
- to provide a way for workers to notify their employers in writing if they have an accident, with a copy that the worker may keep for his or her own records.

By law, employers must allow their employees to report accidents in writing using the NOA forms. It is not legal for employers to require employees to report by another method, unless the employer has received approval from the Director of the WCA.

The intention of the law is for workers to have free access to the forms. If the worker has to ask the supervisor for a form to fill out, that is contrary to the purpose of the law.

When does a worker NOT have to use an NOA form?

- If the employer (or someone in authority, such as a supervisor) had "actual notice" of the accident. Usually this means the employer or supervisor was present and witnessed the accident.
- If the worker is prevented from giving notice by circumstances beyond the worker's control. In such case, the worker must give notice within 60 days.

What is the consequence if an employer does not post the poster?

The right of the injured worker to notify the employer and make a claim is extended from 15 days to 60 days.

This is considered to be a disadvantage for the employer, especially if there is any question about whether the claim was valid. It is very hard to investigate an accident 60 days after it happened.

Frequently asked questions:

May employers print their own posters?

If privately printed posters are exact copies of the WCA poster, and are provided to employers by insurers free of charge, that is acceptable.

How long will the current poster last?

The current poster is valid until it is rescinded by order of the Director, a change in the rules, or a change in the law. The previous poster was in use for 11 years.

What if employers want to put the poster into a frame so that there will be a neat display?

That is OK as long as NOA forms are placed near the poster and are accessible to workers.

What about the poster that employers can buy from commercial companies?

- It is not necessary for employers to buy commercial posters.
- Commercially purchased posters are acceptable by law if they are identical to the WCA poster.
- Commercial vendors normally do not provide NOA forms to employers along with the mandatory posters. If the employer does not post NOA forms, it does not comply with the law.

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION OFFICES

Albuquerque Headquarters:

2410 Centre Ave. SE Albuquerque, NM 87106
Phone: (505) 841-6000 toll-free: 1-800-255-7965

Regional Field Offices:

Farmington:

2700 Farmington Ave., Bldg. E, Ste. 2 Farmington, NM 87401
Phone: (505) 599-9746 toll-free: 1-800-568-7310

Las Cruces:

1120 Commerce Dr, Suite B-1 Las Cruces, NM 88011
Phone: (575) 524-6246 toll-free: 1-800-870-6826

Las Vegas:

32 NM 65 Las Vegas, NM 87701
Phone: (505) 454-9251 toll-free: 1-800-281-7889

Lovington:

100 West Central, Suite A Lovington, NM 88260
Phone: (575) 396-3437 toll-free: 1-800-934-2450

Roswell:

Penn Plaza Building, 400N. Pennsylvania Ave., Ste. 425
Roswell, NM 88201 (575) 623-3997 toll-free: 1-866-311-8587

Santa Fe:

Aspen Plaza Building, 1596 Pacheco St., Suite 202
Santa Fe, NM 87505 Phone: (505) 476-7381

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado
by an occupational disease at approximately _____, on _____, 20_____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.
Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?
What happened? _____
¿Qué ocurrió?

To be completed by Employer:

Completado por el empleador:

If Yes, Employer has right to change health care provider after 60 days.

En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

WORKER MUST INITIAL _____

Worker will choose health care provider. Yes ___ No ___

Trabajador elegir proveedor de atención médica.

If No, Worker has the right to change health care provider after 60 days.

En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

INICIALES DEL TRABAJADOR

Signed: _____

Firma: (employee/empleado)

Date/Fecha: _____

Signed/Notice Received: _____

Firma/Notificación recibida: (employer or representative/empleador o representante)

Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker --

For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador

Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia

1-866-WORKOMP / 1-866-967-5667

toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration

PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965

Farmington: (505) 599-9746 - 1 (800) 568-7310

Las Cruces: (575) 524-6246 - 1 (800) 870-6826

Las Vegas: (505) 454-9251 - 1 (800) 281-7889

Lovington: (575) 396-3437 - 1 (800) 934-2450

Roswell: (575) 623-3997 - 1(866) 311-8587

Santa Fe: (505) 476-7381

TDD for the deaf: (505) 841-6043

www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.

Empleador/empleado: Retener una copia.

Form NOA-1-W (4/12)

WORKERS' COMPENSATION ACT

If You Are Injured At Work Si Se Lastima En El Trabajo

1) **Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.

2) **You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.

3) **Claims information** -- Contact your employer's Claims Representative.

1) **Aviso.** -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.

2) **Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.

3) **Información acerca de Reclamaciones.** -- Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: _____

Phone #: _____

Address: _____

Note: Employer must fill in this insurer / claims representative information.



YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than 7 days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Ombudsmen are located at the following offices:

Albuquerque:
1-800-255-7965
1-505-841-6000

Farmington:
1-800-568-7310
1-505-599-9746

Las Cruces:
1-800-870-6826
1-505-524-6246

Las Vegas:
1-800-281-7889
1-505-454-9251

Lovington:
1-800-934-2450
1-505-396-3437

Roswell:
1-866-311-8587
1-505-623-3997

Santa Fe:
1-505-476-7381

SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

ATTACH TOP OF POSTER HERE
WCA POSTER (BOTTOM)
PART 2 OF 2



If You Need HELP Call:

Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: www.workerscomp.state.nm.us

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

EMPLOYER: You are required by law to post this poster where your employees can read it and to post Notice of Accident forms with it. This poster without Notice of Accident forms does not comply with law. You have other rights and duties under the law.