



To Report Workers'  
Compensation Claims

**[www.berkley.net.com](http://www.berkley.net.com)**

Fax: 866-275-6320

Call Toll-Free  
877-497-2637

Email: [Claims@berkley.net.com](mailto:Claims@berkley.net.com)

Promptly Report all Claims: [www.berkley.net.com](http://www.berkley.net.com); Email: [Claims@berkley.net.com](mailto:Claims@berkley.net.com);  
Fax - 866-275-6320 Phone - 877-497-2637



Dear Policyholder:

The enclosed materials will help you meet **California legislative requirements** and will help you prevent and control the costs of workplace injuries. Some of the materials may be new to you, so we have outlined the steps you should take once you have reviewed the enclosed materials.

#### **AT THIS TIME**

1. Provide **Facts For New Hires** to each of your current employees and future new hires.
2. Post the **Notice to Employees-Injuries Caused by Work (DWC 7)** in a noticeable location such as the employee bulletin board at all locations where you have employees. Spanish versions must be posted where you have Spanish-speaking employees.
3. We recommend that you post the **Fraud Poster** in a common area frequented by all employees. Preventing workers compensation insurance fraud begins with educating employees about the consequences of committing this crime.

#### **WHEN A WORK INJURY OCCURS**

1. **Call 911 for emergency and life-threatening situations.** Take care of employee first.
2. Immediately report the claim using the BerkleyNet Claims Line at 1-800-435-1127, or report on-line at [www.berkleynet.com](http://www.berkleynet.com) and click on "File a Claim".
3. Send the employee to a physician who participates in the Preferred Select Medical Provider Network (MPN) for treatment. Please provide your employee with the enclosed "**Instant Access Card**" for initial pharmaceutical needs due to an injury-related claim.

To find a MPS provider near your location, visit us at [www.peiwc.com](http://www.peiwc.com) and click on "Find a Doctor." If you are having trouble locating a Medical Provider Network (MPN) physician or scheduling an appointment, a Medical Access Assistant is available to help you Monday through Saturday, 7 a.m. to 8 p.m., Pacific Time. Please call toll free at (844) 898-8444.

4. Provide a **Workers Compensation Claim Form (DWC 1)** and the **Initial Written Employee Notification (MPN Notice)** to the injured worker within one working day of receiving notice of a work-related injury or illness which results in lost time beyond the date of injury or illness or which results in medical treatment beyond first aid. Employers must provide, personally or by first class mail, a claim form (DWC-1) to the injured employee, or in the case of death, to his or her dependent(s). A completed Claim Form (DWC-1) must be filled with the employer by an agent of the employee or dependent.

First aid medical care must be provided for injured employees. First aid is any one-time treatment and a follow-up visit for the purpose of observing minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. Such one-time treatment is considered first aid, even though it is provided by a physician or registered professional personnel.

5. Record the injury or illness on the OSHA Log (Form 300). **If this is a fatality or serious injury/illness, you must report the incident to the nearest Cal/OSHA office within 8 hours.** Examples of serious injuries are amputation, disfigurement, or in-patient hospitalization in excess of 24 hours for other than observation. Failure to report serious injuries/illness as described may result in a \$5,000 fine. For the nearest Cal/OSHA office, call (510) 286-7000 or use the web at [www.dir.ca.gov/DOSH/DistrictOffices.htm](http://www.dir.ca.gov/DOSH/DistrictOffices.htm). For Cal/OSHA consultation services, call (800) 963-9424.
6. Start planning for you employee's return to regular or modified work by working closely with your claim representative.

If you need assistance or additional documents, please use your most convenient method below to contact us:

**On the web:** [www.berkleynet.com](http://www.berkleynet.com)

**Toll free hotline:** (877) 497-2637

**Policy Services Email:** [service@berkleynet.com](mailto:service@berkleynet.com)

**Claims Reporting Email:** [claims@berkleynet.com](mailto:claims@berkleynet.com)

Sincerely,

The BerkleyNet Claims Team

## TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

### WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

### Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

### WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.
  - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

### **OTHER BENEFITS**

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to [www.dwc.ca.gov](http://www.dwc.ca.gov) and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at [www.dir.ca.gov](http://www.dir.ca.gov).

**Workers’ compensation fraud is a crime**

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

**WHAT SHOULD I DO IF I HAVE AN INJURY?**

**Report your injury to your employer**

Tell your supervisor right away no matter how slight the injury may be. Don’t delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don’t hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

**Workers’ compensation insurance company or if employer is self-insured, person responsible for handling the claim is:**

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_.

You may be able to find the name of your employer’s workers’ compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

**Get emergency treatment if needed**

If it’s a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

**Emergency telephone number:** Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

\_\_\_\_\_.

### **Fill out DWC 1 claim form and give it to your employer**

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

## **MORE ABOUT MEDICAL CARE**

### **What is a Primary Treating Physician (PTP)?**

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

### **What is a Medical Provider Network (MPN)?**

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

### **What is Predesignation?**

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

#### WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

**Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit**  
All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:  Address: _____  Phone number: _____.
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**Consult with an attorney**

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

**Warning**

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

**Additional rights**

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13



## Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

### If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or has a Medical Provider Network (MPN). You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
4. **Medical Provider Networks.** Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. **If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor.** If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: \_\_\_\_\_ MPN website: \_\_\_\_\_

MPN Effective Date \_\_\_\_\_ Current MPN's address: \_\_\_\_\_

**Discrimination.** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator \_\_\_\_\_ Phone \_\_\_\_\_

Workers' compensation insurer \_\_\_\_\_ (Enter "self-insured" if appropriate)

Policy Expiration Date \_\_\_\_\_

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement (DLSE).

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location: \_\_\_\_\_ or by calling toll-free (800) 736-7401. Learn more information about DWC and DLSE online: [www.dwc.ca.gov](http://www.dwc.ca.gov) or [www.dir.ca.gov/dlse](http://www.dir.ca.gov/dlse).

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.



## Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo el lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

**Beneficios.** Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías y medicinas que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay un límite para ciertos servicios médicos.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si su lesión le causa una incapacidad permanente.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible pagadero a una escuela aprobada por el estado si su lesión surge en o después del 1/1/04, y le ocasiona una incapacidad permanente que le impida regresar al trabajo dentro de 60 días después de que los pagos por TD terminen y su empleador no le ofrece a usted un trabajo modificado o alternativo.
- **Beneficios por Muerte:** Pagados a los dependientes de un(a) trabajador(a) que muere a causa de una lesión o enfermedad relacionada con el trabajo.

**Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa).** Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione y su médico debe estar de acuerdo de atenderle la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

**Si Usted se Lastima:**

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a su presunta lesión y será responsable por diez mil dólares (\$10,000) en tratamiento hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad. Si usted designó previamente a su médico personal o grupo médico antes lesionarse (vea uno de los párrafos anteriores), en ciertas circunstancias, usted puede consultarlo para el tratamiento. De otra forma, su empleador tiene el derecho de seleccionar al médico que le atenderá durante los primeros 30 días. Es posible que usted pueda cambiar a un médico de su preferencia después de 30 días. Hay reglas diferentes que se aplican cuando su empleador ofrece una Organización de Cuidado Médico (HCO) o si tiene una Red de Proveedores Médicos (MPN). Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Si su empleador usa una MPN, una notificación de la MPN debe estar al lado de este cartel para explicar como usar la MPN. Usted puede pedir una copia de esta notificación hablando al número de la MPN debajo descrito. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información del contacto de la MPN :

Número gratuito de la MPN vigente: \_\_\_\_\_ Página web de la MPN: \_\_\_\_\_

Fecha de vigencia de la MPN \_\_\_\_\_ Dirección de la MPN vigente \_\_\_\_\_

**Discriminación.** Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**¿Preguntas?** Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos \_\_\_\_\_ Teléfono \_\_\_\_\_

Asegurador del Seguro de Compensación de trabajador \_\_\_\_\_ (Anote "autoasegurado" si es apropiado)

Fecha de Vencimiento de la Póliza \_\_\_\_\_

Si la póliza de compensación de trabajadores se ha vencido, comuníquese con el Comisionado Laboral, en la *División para el Cumplimiento de las Normas Laborales* (Division of Labor Standards Enforcement- DLSE).

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores.

El Oficial de Información y Asistencia más cercano se localiza en \_\_\_\_\_

o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre de la DWC y DLSE en el Internet en: [www.dwc.ca.gov](http://www.dwc.ca.gov) o

[www.dir.ca.gov/dlse](http://www.dir.ca.gov/dlse).

**Los reclamos falsos y rechazos falsos del reclamo.** Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

State of California <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.						
				FATALITY <input type="checkbox"/>						
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be <b>reported immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.								
EMPLOYER	1. FIRM NAME			1a. Policy Number		Please do not use this column				
	2. MAILING ADDRESS: (Number, Street, City, Zip)			2a. Phone Number			CASE NUMBER			
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)			3a. Location Code		OWNERSHIP				
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.			5. State unemployment insurance acct.no						
	6. TYPE OF EMPLOYER: Private                      State                      County                      City                      School District <input type="checkbox"/> Other Gov't, Specify: _____					INDUSTRY				
INJURY OR ILLNESS	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM		10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)		OCCUPATION	
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes                      No		12. DATE LAST WORKED (mm/dd/yy)		13. DATE RETURNED TO WORK (mm/dd/yy)		14. IF STILL OFF WORK, CHECK THIS BOX:			
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes                      No		16. SALARY BEING CONTINUED? Yes                      No		17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		SEX	
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning							AGE		
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)			20a. COUNTY		21. ON EMPLOYER'S PREMISES? Yes                      No		DAILY HOURS		
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.				23. Other Workers injured or ill in this event? Yes                      No				DAYS PER WEEK	
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold							WEEKLY HOURS		
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.							WEEKLY WAGE		
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY							COUNTY		
								NATURE OF INJURY		
							PART OF BODY			
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.							SOURCE			
							EVENT			
							SECONDARY SOURCE			
EMPLOYEE	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)									
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours			37a. EMPLOYMENT STATUS regular, full-time                      part-time temporary                      seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED				
	38. GROSS WAGES/SALARY \$ _____ per _____			39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes                      No		EXTENT OF INJURY				
Completed By (type or print)			Signature & Title				Date (mm/dd/yy)			
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.										

# Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

## Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Atención Médica:** Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

# Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

## Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

**Death Benefits:** If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC website at [www.dwc.ca.gov](http://www.dwc.ca.gov).

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al **(800) 736-7401**. Ud. también puede consultar con la página Web de la DWC en [www.dwc.ca.gov](http://www.dwc.ca.gov).

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

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

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

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

**Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".**

**Employee—complete this section and see note above      Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_  
\_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_  
\_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below.      Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* \_\_\_\_\_
10. Address. *Dirección.* \_\_\_\_\_
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_  
\_\_\_\_\_
15. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_ 18. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employer copy/Copia del Empleador       Employee copy/ Copia del Empleado

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Claims Administrator/Administrador de Reclamos       Temporary Receipt/Recibo del Empleado

# WORKSHEET TO HELP YOU FILL OUT THE SUMMARY

## Employment Information

### HOW TO DETERMINE THE "ANNUAL AVERAGE NUMBER OF EMPLOYEES" WHO WORKED FOR YOU DURING THE YEAR

Pay Periods	# Employees Paid
1	25
2	29
3	24
Etc.	25
26	25
	<u>650</u>

**Example #1**  
# employees paid = 650  
# pay periods = 26

the total number of employees you paid in all pay periods during the year. Include all full-time, part-time, temporary, seasonal, salaried and hourly employees.

Be sure to include any pay periods when you had no employees.

650 employees divided by 26 paid periods = 25

25 is the "annual average number of employees"

### HOW TO DETERMINE "TOTAL HOURS WORKED BY ALL EMPLOYEES"

- Include hours worked by salaried, hourly, part-time and seasonal workers and temporary service workers subject to day-to-day supervision by your establishment.
- Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it.
- If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.
- If this number is not available, you can use this optional worksheet to estimate it.

#### Example #2

Average # of full time employees for the year = 25

50 weeks X 40 hours = 2000 hrs. for a full-time employee  
2000 hours X 25 employees =  
50,000 hours = worked by all employees in year

# hours per week = 40 hours
# weeks worked = 50 weeks

Over time = 750 hours  
50,000 hours + 750 overtime hours =  
50,750 hours

50,750 hours



# Summary of Work-Related Injuries and Illnesses YEAR 20 \_\_\_\_

Post this Summary page from February 1 to April 30 in the year following the year covered by the form.

All establishments covered by CCR Title 8, Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the log to verify that the entries are complete and accurate before completing this summary. Using the log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page on the Log. If you had no cases, write "0". Employees, former employees, and their representatives have the right to review the OSHA Form 300 or it's equivalent. See CCR Title 8, Section 14300.35, in Cal/OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Establishment Information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g. *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g. SIC 3715) \_\_\_\_\_

## Employment Information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

## SIGN HERE

Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge, the entries are true, accurate and complete.

Company Executive \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

## Summary Information

### NUMBER OF CASES \*

Total number of deaths \_\_\_\_\_ (g)

Total number of cases with days away from work \_\_\_\_\_ (h)

Total number of cases with job transfer or restriction \_\_\_\_\_ (i)

Total number of other recordable cases \_\_\_\_\_ (j)

### NUMBER OF DAYS \*

Total number of days away from work \_\_\_\_\_ (k)

Total number of days on job transfer or restriction \_\_\_\_\_ (l)

### NUMBER OF INJURY AND ILLNESS TYPES \* (M)

(1) Injuries \_\_\_\_\_ (4) Poisonings \_\_\_\_\_

(2) Skin Disorders \_\_\_\_\_ (5) Hearing Loss \_\_\_\_\_

(3) Respiratory Conditions \_\_\_\_\_ (6) All other injuries \_\_\_\_\_

\* These figures are obtained from Form No. 300.

# Cal/OSHA Form 300 (Rev. 7/2007) Appendix A

## Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10)



Year 20\_\_\_\_  
 Department of Industrial Relations  
 Division of Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/OSHA office for help.

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Identify the person

### Describe the case

### Classify the case

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
						Death (G)	Days away from work (H)	Remained at work		(K) _____ days	(L) _____ days	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
								Job transfer or restriction (I)	Other recordable cases (J)								
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**Page totals** ➤ \_\_\_\_\_

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury | Skin disorder | Respiratory condition | Poisoning | Hearing loss | All other illnesses  
 (1) | (2) | (3) | (4) | (5) | (6)

**NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

**NOTE:** If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

**Your Chiropractor or Acupuncturist's Information:**

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**(name of chiropractor or acupuncturist)**

---

**(street address, city, state, zip code)**

---

**(telephone number)**

---

Employee Name **(please print):**

---

Employee's Address:

---

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Title 8, California Code of Regulations, section 9783.1.  
(Optional DWC Form 9783.1 Effective date July 1, 2014)

## PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

### NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(name of doctor)(M.D., D.O., or medical group)

\_\_\_\_\_  
(street address, city, state, ZIP)

\_\_\_\_\_  
(telephone number)

Employee Name (please print):

\_\_\_\_\_

Employee's Address:

\_\_\_\_\_

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

\_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

## **Important Information about Medical Care if you have a Work-Related Injury or Illness**

### **Complete Written Employee Notification Re: Medical Provider Network** (Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physical network called a Medical Provider Network (MPN). This MPN is administered by **Comp Partners on behalf of BerkleyNet (MPN Log #2351)**. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care of work-related injuries and illnesses.

- **What happens if I get injured at work?**

**In case of an emergency, you should call 911 or go to the closest emergency room.**

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the Comp Partners MPN with the identification number of 2351 (for BerkleyNet). You must refer to MPN name and MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for MPN is:

**Name: BerkleyNet**

**Title: Berkley Net California MPN Contact**

**Address: 12701 Marblestone Drive, Suite 250, Woodbridge, VA 22192**

**Email: MPNServices@CompPartners.com**

**Telephone Number: (877) 968-7426 extension 2873**

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: [www.berkley.net](http://www.berkley.net). At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you will receive. You also have the right to obtain a list of all the MPN providers upon request. MPN listings will be provided electronically on a CD, flash drive, U.S. Mail or via email.

To locate a MPN provider on the website, from the BerkleyNet homepage, click on "Find a Doctor" and enter your claim number and the last 4 digits of your social security number. Once you are logged in, you may search by provider specialty or provider name, then click on the "Continue" button. Enter your address and type of provider you would like to locate, then click on the "Find Providers Now" button. If you would like to narrow your search, click on the "Refine Search" button and choose the specific specialty you would like to locate.

If you do not have a claim number or experience difficulty logging into the website please contact BerkleyNet at

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral for a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialists might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant at 844-898-8444.

- **Having trouble locating a MPN provider or scheduling an appointment?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is able

to assist you Monday through Saturday from 7am-8pm (Pacific) and available to schedule medical appointments during doctors' normal business hours; in both English and Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (844) 898-8444

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The Comp Partners MPN has providers for the entire state of California.

The Comp Partners MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The Comp Partners MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. All covered employees with a residence or work place beyond 30 miles of a MPN health facility may receive care from an out-of-network, non-contracted provider.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

- **What If there are no MPN providers where I am located?**

If you are temporarily working or living outside the Comp Partners MPN service areas or in rural area, the MPN Contact will give you a list of at least three physicians who can treat you. The Comp Partners MPN may also allow you to choose your own doctor outside of the MPN Network. Contact the MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist not in the MPN?**

If you need to see a specialist that is not available in the Comp Partners MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

**If you disagree with your doctor or wish to change your doctor for any reason, you may always choose another doctor within the MPN.**

If you disagree with either the **diagnosis or treatment** prescribed by your doctor, you may ask for a second opinion from another doctor within the Comp Partners MPN. If you want a second opinion, you must contact the MPN Contact and tell them you want a second opinion. The MPN contact should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the Comp Partners MPN and make an appointment within 60 days. You must tell the MPN Contact of your appointment date and the MPN Contact will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to your doctor.

If you do not make an appointment within 60 days of receiving the regional MPN provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside the type of injury he or she normally treats, the doctor's office will notify your employer's insurer. You will receive a new list of Comp Partners MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a **third opinion**, you will go through the same process you send through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another region MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an **MPN Independent Medical Review (IMR)**. Your MPN contact person will give you information or requesting an Independent Medical Review and a form at the time you request the third opinion.

If either the second opinion or the third opinion doctor agrees with your need for a treatment or test, you will be allowed to receive that medical care from a provider inside the Comp Partners MPN, including the second the third opinion physician.



If the Independent Medical Reviewer supports your need for treatment or test, you may receive that care from a doctor inside or outside the Comp Partners MPN.

- **What if I am already being treated for a work-related injury before the Comp Partners MPN begins?**

Your insurance carrier has a “**transfer of care**” policy, which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred to the MPN.

If you have properly pre-designated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, ask your supervisor.) If your current doctor is not or does not become a member of the Comp Partners MPN, then you may be required to see a Comp Partners MPN provider for evaluation.

If your employer’s insurer decides to transfer you into the Comp Partners MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to one year before you are transferred to the Comp Partners MPN. The qualifying conditions to postpone the transfer of your care into the Comp Partners MPN are in the box below.

#### ***Can I Continue Being Treated By My Doctor?***

You may qualify for continuing treatment with your non-MPN provider (through transfer of care of continuity of care) for up to one year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer’s insurer that will occur within 180 days of the Comp Partners MPN effective date, or the termination of the contract between the Comp Partners MPN and your doctor.

You can disagree with your employer’s insurer’s decision to transfer your care into the Comp Partners MPN. If you don’t want to be transferred in to the Comp Partners MPN, ask your primary treating

physician for a medical report on whether you have one of the four conditions stated above, to qualify for a postponement of your transfer into the Comp Partners MPN.

Your primary treating doctor has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer's insurer can transfer your care into the MPN and you will be required to use a Comp Partners MPN physician.

You will need to give a copy of the report to your employer's insurer, if you wish to postpone the transfer of care. If you or the Comp Partners MPN disagrees with your treating doctor's report, you or the Comp Partners MPN can dispute it. See the complete transfer of care policy for more details on the dispute resolution process. For a copy of the Transfer of Care policy, in English and Spanish, ask the MPN Contact.

- **What if I am being treated by a Comp Partners MPN doctor who decides to leave the MPN?**

Your insurance carrier has written a **Continuity of Care** Policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the Comp Partners MPN.

If your employer's insurer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification pursuant to 8 CCR §9767.10(d)(1).

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to a Comp Partners MPN physician. These conditions are set forth in the box above, entitled "**Can I Continue Being Treated By My Doctor?**"

You can disagree with your employer's insurer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above, to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating doctor has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer's insurer can transfer your care into the MPN and you will be required to use a Comp Partners MPN physician.

You will need to give a copy of the report to your employer's insurer if you wish to postpone the transfer of care. If you or the Comp Partners MPN disagrees with your treating doctor's report, you or the Comp Partners MPN can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process. For a copy of the Continuity of Care policy, in English and Spanish, ask the MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant at 844-898-8444 if you need help finding MPN Physicians and scheduling and confirming appointments.
- **DWC Information & Assistance Officer:** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call DWC's Information and Assistance at 1-800-736-7401. You can also go to DWC's website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on "Medical Provider Networks" for more information about MPN's.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process, contact the Division of Workers' Compensation Medical Unit at:

DWC Medical Unit  
P.O. Box 71010  
Oakland, CA 94612  
(510) 286-3700 or (800) 794-6900

**Keep this information in case you have a work-related injury or illness.**

## **Guía de Información Importante sobre Cuidado Médico si tiene una Lesión o Enfermedad de Trabajo**

### **Notificación Incical Escrita y Completa del Empleado sobre la Red de Proveedores Médicos** (Título 8, Código de Regulaciones de California, sección 9767.12)

La ley de California requiere que su empleador la proporcione y pague su tratamiento médico si se lesiona en el trabajo. Su empleador ha elegido proporcionarle este cuidado medico utilizando una red de medicos de Compensación de Trabajadores llamada Red de Proveedores Médicos o MPN (Medical Provider Network), por sus siglas en ingles. Esta red MPN es adminstrada por la compañía de seguros de Compensación de Trabajadores de su empleador, ***Comp Partners en nombre de BerkleyNet (MPN Log #2351)***. Esta notificación le informará lo que necesita saber sobre el programa de la red de proveedores medicos, MPN y la describirá sus derechos al elegir cuidado medico para sus lesiones o enfermedades de trabajo.

- **¿Qué sucede si me lesion en el trabajo?**

**En caso de una emergencia deberá llamar al 911 o acudir a la Sala de Emergencias más cercana.** Si se lesion en el trabajo, notifique a su empleador lo más pronto possible. Su empleador le proporcionará un formulario de reclamo. Cuando usted notifique a su empleador que ha su sufrido una lesion de trabajo, su empleador o la compañía de seguros de su empleador la agendará una cita con un medico dentro de la Red de Proveedores Médicos, MPN.

- **¿Que es una MPN?**

Una Red de Proveedores Médicos o MPN es un grupo de proveedores de asistencia médica (medicos y otros preveedores medicos) utilizados por su empleador para atender a trabajadores que se lesionan en el trabajo. Las redes MPN deberán permitir que los empleados tegan una selección de proveedor(es). Cada MPN debe incluir una combinación de medicos que se especializan en lesiones de trabajo y médicos expertos en áreas de Medicina General.

- **¿Cuál red MPN es utilizada por mi empleador?**

Su empleador utiliza la Red BerkleyNet MPN con el número de identificación 2351 (BerkleyNet). Deberá referirse a la red MPN por su nombre u número de identificación cuando tenga preguntas o solicitudes sobre la red MPN.

- **¿A quién puedo contactar si tengo preguntas sobre mi red MPN?**

El Contacto de la red MPN listado en esta guía podrá contestar sus preguntas sobre el uso de la red MPN y podrá atender cualquier queja relacionada con la red MPN.

El contacto para su red MPN es:

Nombre: Compañía de Seguros *BerkleyNet*

Título: Contacto BerkleyNet California MPN Contact

Dirección: 12701 Marblestone Drive, Suite 250, Woodbridge, VA 22192

Correo electrónico: MPNServices@CompPartners.com

Número de Telefónico: (877) 968-7426 ext 2873

También puede encontrar información general sobre la red MPN en el siguiente sitio web:

[www.berkleynet.com](http://www.berkleynet.com)

- **¿Cómo puedo averiguar cuáles médicos pertenecen a mi MPN?**

Puede obtener una lista regional de todos los proveedores de la red MPN de su área llamando al Contacto de la red MPN o visitando nuestro sitio web: [www.berkleynet.com](http://www.berkleynet.com). Como mínimo, la lista regional deberá incluir un listado de todos los proveedores de la red MPN dentro de 15 millas de distancia de su lugar de trabajo o residencia o una lista de todos los proveedores de la red MPN dentro del condado donde viva y/o trabaje. Usted podrá seleccionar cuál lista desea recibir.

De la página principal del sitio web de BerkleyNet, [www.berkleynet.com](http://www.berkleynet.com) haga clic en "Find a Doctor" e ingrese su número de reclamo y los últimos 4 dígitos de su número de Seguro Social. Una vez que haya ingresado a la sesión, puede buscar proveedores por especialidad o por nombre de proveedor que desea localizar, enseguida haga clic en el botón "Find Providers Now" para buscar proveedores. Si desea limitar su búsqueda y elija la especialidad específica que desee localizar.

También tiene derecho de solicitar y obtener una lista completa de todos los proveedores de la red MPN. Para obtener dicha lista, favor de llamar al Contacto de la red MPN descrita en esta guía. Un listado impreso será enviado por paquetería con entrega al día siguiente.

Si un empleado solicita un directorio de proveedores se proporcionará en formato electrónico vía CD, unidad flash o por correo electrónico.

Si usted no tiene número de reclamo o tiene dificultad para iniciar la sesión en el sitio web, favor de dirigirse al Contacto de la red MPN descrito en esta guía para obtener más ayuda.

- **¿Cómo escojo a un proveedor?**

Su empleador o la compañía de seguros de su empleador agendará la evaluación médica inicial con un médico de la red MPN. Después de la primera visita médica, puede continuar atendiendo con ese médico o puede elegir otro médico dentro de la red MPN. Puede continuar eligiendo médicos dentro de la red MPN para todo su cuidado médico para esta lesión. Si es apropiado, puede seleccionar un especialista o puede solicitarle al médico que lo está atendiendo que lo refiera a un especialista. Algunos especialistas solo aceptan citas con referencias del médico tratante. Puede que dichos especialistas se listen como "*by referral only*" ("solo por referencia") en su directorio de la red MPN.

Si necesita ayuda elegir a un médico o para hacer una cita, puede comunicarse con el Asistente de Acceso Médico descrita en esta guía.

- **¿Tiene problemas localizando a un proveedor de la red MPN o en agenda una cita?**

El Asistente de Acceso Médico de la red MPN puede ayudarle a localizar médicos de su elección dentro de la red MPN y puede asistirle en agendar y confirmar citas con su médico. El Asistente de Acceso Médico está disponible para atenderlo de Lunes a Viernes de 7am a 8 pm (Horario Pacífico) y para agendar citas médicas dentro de los horarios de oficina regulares de médicos. La asistencia está disponible en inglés y español. La información de contacto para el Asistente de Acceso Médico es:

Teléfono gratuito: (844) 898-8444

- **¿Puedo cambiar de proveedor?**

Sí. Usted puede cambiar de proveedores dentro de la red MPN por cualquier razón, pero los proveedores que elija deben ser apropiados para tratar su lesión. Favor de comunicarse con el Contacto de la red MPN o su ajustador de reclamos si quiere cambiar de médico tratante.

- **¿Qué criterios debe cumplir de la red MPN?**

La red Comp Partners MPN tiene proveedores en todo el estado de California.

La red Comp Partners MPN deberá proporcionarle una lista regional de proveedores que incluya por lo menos tres médicos en cada especialidad usualmente utilizada para tratar lesiones o enfermedades de trabajo en su industria. La red Comp Partners MPN deberá proporcionarle acceso a médicos primarios dentro de 15 millas de distancia y especialistas dentro de 30 millas de distancia.

Todos los empleados cubiertos dentro del seguro de compensación de trabajadores podrán recibir tratamiento o atención médica por un proveedor no contratado dentro de la red MPN si su domicilio de residencia o lugar de empleo se encuentra más allá de 30 millas de distancia de un centro médico dentro de la red MPN.

Si vive en un área rural o donde existe escasez de centros médicos, los criterios pueden ser diferentes.

La red MPN deberá proporcionarle tratamiento médico inicial dentro de los primeros 3 días hábiles de que usted haya notificado a su empleador de su lesión. Si el tratamiento con un especialista ha sido autorizado, se le deberá otorgar una cita dentro de los primeros 20 días hábiles de su solicitud.

Si tiene problemas en agendar una cita con un proveedor dentro de la red MPN, favor de contactar al Asistente de Acceso Médico descrita en esta guía.

- **¿Qué sucede si no hay proveedores de la red MPN donde estoy ubicado?**

Si está trabajando temporalmente o se encuentra viviendo fuera del área rural, el Contacto de la red MPN le proporcionará una lista de por lo menos tres médicos que pueden atenderlo. La red Comp Partners MPN también puede permitirle elegir su propio médico fuera de la red Comp Partners MPN. Favor de comunicarse con el Contacto de la red MPN para asistencia en localizar un médico o para información adicional.

- **¿Qué sucede si necesito un especialista que no está dentro de la red MPN?**

Si necesita ver un especialista que no está disponible dentro de la red Comp Partners MPN, usted tiene derecho a ver un especialista que esté fuera de la red MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico sobre el tratamiento médico?**

**Si usted está en desacuerdo con su médico o desea cambiar de médico por cualquier razón, usted siempre tiene la opción de escoger otro médico dentro de la red Comp Partners MPN.**

Si usted no está de acuerdo con el **diagnóstico o el tratamiento** recetado por su médico, usted puede solicitar una segunda opinión de otro médico dentro de la red Comp Partners MPN. Si desea una **segunda opinión**, deberá comunicarse con el Contacto de la red MPN y decirle que quiere una segunda opinión. El Contacto de la red MPN deberá proporcionarle por lo menos una lista regional de proveedores de la red Comp Partners MPN donde podrá elegir un médico para una segunda opinión. Para obtener una segunda opinión, debe elegir un médico dentro de la lista de la red Comp Partners MPN y agendar una cita dentro de los primeros 60 días. Usted deberá informarle al Contacto de la red MPN la fecha de su cita para que éste envíe al doctor una copia de su expediente médico. Usted también puede solicitar una copia para sí mismo del expediente médico que será enviado a su doctor.

Si usted no agenda una cita dentro de los primeros 60 días de haber recibido la lista regional de proveedores, **no** le será permitido obtener una segunda o tercera opinión con relación al diagnóstico o tratamiento disputado recomendado por el médico que lo está atendiendo.

Si el médico de la segunda opinión determina que su lesión está fuera del tipo de lesión que él o ella normalmente trat, la oficina del médico notificará a la compañía de seguros de su empleador. Usted recibirá otra lista de médicos o especialistas de la red Comp Partners MPN para que pueda hacer otra selección.

Si no está de acuerdo con la segunda opinión, puede solicitar una **tercera opinión**. Si solicita una tercera opinión, deberá seguir el mismo proceso que llevo para la segunda opinión.

Recuerde que si no hace una cita dentro de los primeros 60 días de haber recibido otra lista regional de proveedores médicos de la red MPN, entonces **no** le será permitido recibir una tercer opinión sobre el diagnóstico o tratamiento disputado recomendado por el médico que lo está atendiendo.

Si usted no está de acuerdo con el médico de la tercer opinión, usted puede solicitar **una Revisión Médica Independiente o IMR (Independent Medical Review)**. El Contacto de la red MPN le proporcionará información sobre cómo solicitar una Revisión Médica Independiente y un formulario al momento que solicite la tercer opinión.

Si el médico de la segunda o el médico de la tercer opinión está de acuerdo con usted de la necesidad de algún tratamiento o análisis, le será permitido recibir dicho servicio médico por parte de un proveedor dentro de la red Comp Partners MPN incluyendo los médicos de la segunda y tercer opinión.

Si el médico que realiza la Revisión Médica Independiente corrobora con la necesidad de algún tratamiento o análisis, usted podrá recibir ese cuidado de un médico que se encuentre dentro o fuera de la red Comp Partners MPN.

- **¿Qué sucede si ya estoy siendo atendido por una lesión de trabajo antes de que empiece la red Comp Partners MPN?**

La compañía de seguros tiene un plan de “**Transferencia de Cuidado**” el cual determinará si usted puede continuar siendo temporalmente atendido por una lesión de trabajo por un médico fuera de la red MPN antes de que su cuidado sea transferido a la red Comp Partners MPN.

Si usted apropiadamente pre-designó un médico primario para atenderlo, usted no puede ser transferido a la red MPN. (Si tiene preguntas sobre pre-designaciones, pregúntele a su supervisor). Si su médico actual no es o no se convierte en un miembro de la red Comp Partners MPN, entonces puede que se le requiera ser atendido por un médico que pertenezca a la red Comp Partners MPN para una evaluación.

Si la compañía de seguros de su empleador decide transferirlo a la red Comp Partners MPN usted y su médico primario tratante deberán recibir una carta notificándoles de la transferencia.

Si usted cumple ciertas condiciones, puede que califique para continuar siendo atendido por un médico fuera de la red MPN hasta por un año antes de que sea necesario transferirlo a la red Comp Partners MPN. A continuación se listan las condiciones a cumplir para posponer la transferencia de su cuidado a la red MPN:



### ¿Puedo Continuar Ser Tratado Por Mi Médico?

Usted puede calificar para tratamiento continuo con su proveedor que no está dentro de la red MPN (por transferencia de cuidado o continuidad de cuidado) hasta por un año si su lesión o enfermedad cumple con cualquiera de las siguientes condiciones:

- **(Agudo)** El tratamiento para su lesión o enfermedad sera completado en menos de 90 días
- **(Grave o crónico)** Su lesión o enfermedad es grave y continúa por lo menos por 90 días sun tratado por su médico actual hasta por un año, hasta que una transferencia de cuidado segura puede ser realizada.
- **(Terminal)** Tiene una enfermedad incurable o condición irreversible que probablemente le cause la muerte dentro de un año o menos.
- **(Cirugía pendiente)** Si tuvo una cirugía u otro procedimiento médico que ha sido autorizado por la compañía de seguros de su empleador que se realice dentro de 180 días a partir de la fecha efectiva de la red MPN o la fecha de la terminación del contrato entre la red MPN y su médico.

Usted puede estar en desacuerdo con la decision de la compañía de seguros de su empleador sobre transferir su cuidado a la red Comp Partners MPN. Si no quiere ser transferido a la red Comp Partners MPN, solicite al médico primario que lo está atendiendo un informe médico que indique si cumple con por lo menos uno de los cuatro requisitos indicados en el recuadro de arriba para poder posponer su transferencia a la red Comp Partners MPN.

El médico que lo está atendiendo tiene 20 días a partir de la fecha de su solicitud para darle una copia del informe sobre su condición. Si el médico que lo está atendiendo no le da le informe dentro de los primeros 20 días a partir de la fecha de su petición, la compañía de seguros de so empleador podrá transferir su cuidado a la red MPN y estará obligado a ulitizar un médico de la red Comp Partners MPN.

Si desea posponer la transferencia de us cuidado tundra que darle una copia del informe médico a la compañía de seguros de su empleador. Si usted o la red Comp Partners MPN está en desacuerdo con el informe de su médico tratante, usted o la red Comp Partners MPN pueden disputarlo. Para más detalles sobre el proceso de resolución de disputa vea el plan de “Transferencia de Cuidado”. Para recibir una copia del plan de “Transferencia de Cuidado”, favor de colicitarlo al Contaco de la red MPN.

- **¿Qué sucede si estoy bajo tratamiento de un médico de la red Comp Partners MPN que decide dejar la red MPN?**

La compañía de seguros tiene un **plan escrito de “Continuidad de Cudiado”** el cual determinará si puede no continuar temporalmente con su tratamiendo con su médico por so lesión actual de trabajo sis u médico ya no se encuentra participando en la red MPN.

Si la compañía de seguros de su empleador decide que usted no califica para continuar su tratamiento con el médico que se encuentra fuera de la red MPN, usted y el médico que lo está atendiendo deberán recibir una carta de notificación, conforme a leyes 8CCR §9767.10(d)(1).

Si usted cumple con ciertos requisitos, podrá calificar para continuar con su tratamiento con este médico hasta por un año antes de que tener que cambiarse a un médico de la red Comp Partners MPN. Estos requisitos están expuestos en el recuadro anteriormente descrito llamado **“¿Puedo Continuar Ser Tratado Por Mi Médico?”**

Usted puede estar en desacuerdo con la decisión de la compañía de seguros de su empleador de negarle la Continuidad del Cuidado por parte del médico que ya no pertenece la red MPN. Si quiere continuar su tratamiento con este médico, solicite a dicho médico un informe que indique si cumple con por lo menos uno de los cuatro requisitos indicados en el recuadro de arriba para así poder seguir siendo tratado temporalmente por él.

El médico que lo está atendiendo tiene 20 días a partir de la fecha de su solicitud para proporcionarle una copia del informe sobre su condición. Si el médico que lo está atendiendo no le da el informe dentro de los 20 días de su solicitud, la compañía de seguros de su empleador podrá transferir su cuidado a la red MPN y estará obligado a utilizar un médico de la red Comp Partners MPN.

Si desea posponer la transferencia de su cuidado, tendrá que darle una copia del informe médico a la compañía de seguros de su empleador. Si usted o la Comp Partners MPN está en desacuerdo con el informe de su médico tratante, usted o la red Comp Partners MPN pueden disputarlo. Para más detalles sobre el proceso de resolución de disputa vea el plan de “Continuidad de Cuidado”. Para recibir una copia del plan de “Continuidad de Cuidado” en inglés o español, favor de solicitarlo al Contacto de la red MPN.

- **¿Qué sucede si tengo preguntas o necesito ayuda?**
  - El Contacto de la red MPN: Usted siempre tendrá la flexibilidad de comunicarse con el Contacto de la red MPN para resolver sus preguntas y atender sus quejas relacionadas con el uso de la red MPN.
  - Asistente de Acceso Médico: Puede contactar al Asistente de Acceso Médico si requiere de ayuda para localizar médicos dentro de la red MPN y para asistirle en agendar y confirmar citas con su médico.
  - Información de la División de Compensación de Trabajadores (DWC) y Oficial de Asistencia: Si tiene dudas, quejas o preguntas sobre la red MPN, sobre el proceso de notificación, o sobre su tratamiento médico después de una lesión o enfermedad de trabajo, puede llamar a la Oficina de Información y Asistencia de la DWC al 1-800-736-7401. También puede consultar el sitio web de la DWC en [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc), haga clic en “medical provider networks” (la red de proveedores médicos) para más información sobre las redes MPN.

- Revisión Médica Independiente: Si usted tiene preguntas sobre el proceso de la Revisión Médica Independiente de la red MPN, favor de contactar la Unidad Médica de la División de Compensación de Trabajadores:

DWC Medical Unit

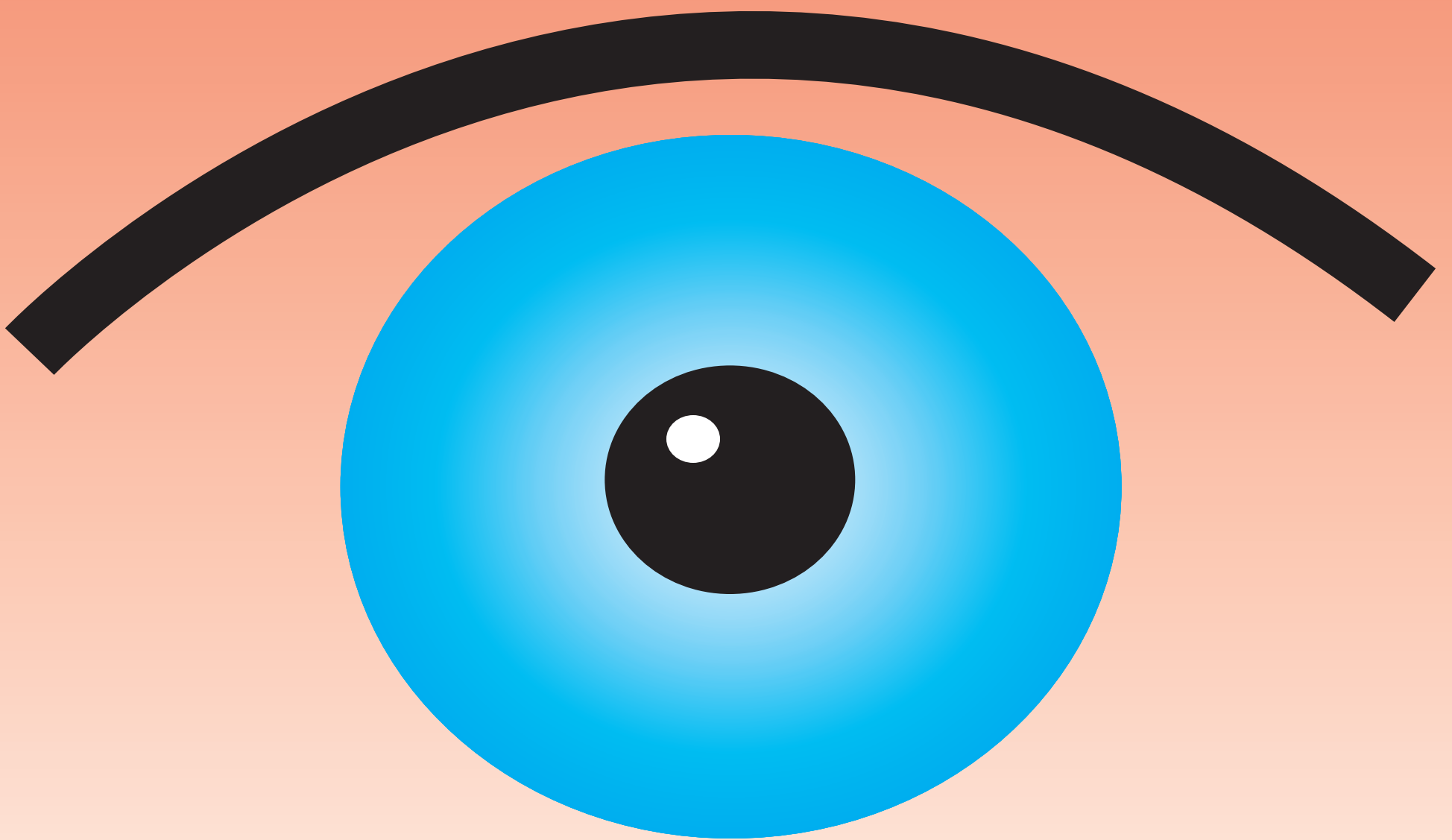
P.O. Box 71010

Oakland, CA 94612

(510) 286-3700 ó (800) 794-6900

**Guarde esta información en caso que tenga una lesión o enfermedad de trabajo.**

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