

## STATE FUND LOCATIONS

### BAKERSFIELD

Policy (661) 664-4000  
Claims (661) 664-4000

### EUREKA

Policy (707) 443-9721  
Claims (707) 443-9721

### FRESNO

Policy (559) 433-2600  
Claims (559) 433-2700

### LOS ANGELES

Policy (877) 405-4545 toll-free  
Claims (818) 291-7000

### OAKLAND

Policy (510) 577-3000  
Claims (510) 577-3000

### OXNARD

Policy (805) 988-5200  
Claims (805) 988-5300

### REDDING

Policy (530) 223-7135  
Claims (530) 223-7000

### RIVERSIDE

Policy (909) 656-8300  
Claims (909) 656-8300

### SACRAMENTO

Policy (916) 924-5072  
Claims (916) 924-5100

### SAN BERNARDINO

Policy (909) 384-4560  
Claims (909) 384-4500

### SAN DIEGO

Policy (858) 552-7000  
Claims (858) 552-7100

### SAN FRANCISCO

Policy (415) 974-8100  
Claims (415) 974-8200

### SAN JOSE

Policy (408) 363-7600  
Claims (408) 363-7400

### SANTA ANA

Policy (714) 565-5995  
Claims (714) 565-5000

### SANTA ROSA

Policy (707) 573-6400  
Claims (707) 573-6500

### SOUTH ORANGE

Policy (714) 347-5445  
Claims (714) 347-5400

### STOCKTON

Policy (209) 476-2600  
Claims (209) 476-2600

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**

# new employee's guide to WORKERS' compensation

*Helpful information you should know if you are  
injured on the job or become ill due to your job.*



## CUSTOMER SERVICE CENTER

### POLICY SERVICES & CERTIFICATES OF INSURANCE

(877) 405-4545 TOLL-FREE  
(800) 268-3635 TOLL-FREE FAX

### CERTIFICATES OF INSURANCE

(866) 266-2071 TOLL-FREE FAX

### 24-HOUR CLAIMS REPORTING CENTER

(888) 222-3211 TOLL-FREE  
(800) 371-5905 TOLL-FREE FAX

### FRAUD HOT LINE

(888) 786-7372 TOLL-FREE

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# QUESTIONS & ANSWERS

## What is workers' compensation?

At no cost to you, it is insurance that the law requires your employer to carry to help you if you are injured on the job or if you become ill due to your job.

## What is a workers' compensation injury or illness?

An injury or illness that occurs due to employment is considered a workers' compensation injury or illness. Under workers' compensation law, you will receive help if you are injured, no matter who was at fault.

Workers' compensation covers various types of events, injuries, and illnesses. You could get hurt by one event at work, such as hurting your back in a fall, or by repeated exposures at work, such as hurting your wrist from doing the same motion over and over.

## What is State Compensation Insurance Fund?

We are the insurance carrier your employer has chosen to provide its workers' compensation coverage. We have more than 90 years of experience providing workers' compensation throughout California.

## Is workers' compensation the same as State Disability Insurance?

No. Workers' compensation is only for injuries or illnesses that occur due to employment. State Disability Insurance (SDI) is for injuries or illnesses that are not work-related, and it is a benefit that the Employment Development Department provides.

## How does this coverage affect my own health insurance?

Workers' compensation is separate from personal health-care insurance. Workers' compensation insurance covers work-related injuries and illnesses only. There is no deductible—the insurance carrier pays all approved medical bills. It is important to let the treating doctor know if your injury is work-related.

## How do I file a claim?

If you are injured on the job, as soon as you can, tell your supervisor that you have been hurt. Except for first-aid injuries, your employer will provide you with a claim form on which you can describe your injury, as well as how, when, and where it occurred. Return the completed form to your employer, who will send it to us. We will then get in touch with you to explain the benefits to which you may be entitled.

## How do I get emergency medical treatment?

If it's a medical emergency, call 911 or go to an emergency room right away. Your employer may advise you where to go for treatment. Tell the health-care provider who treats you that your injury or illness is job-related, and, if possible, give your employer's workers' compensation carrier information.

## What are my benefits and rights?

Within one day after an employee files a claim form, the law requires the employer to authorize medical treatment as required and limited by the law, until the claim is accepted or rejected, up to a limit of \$10,000 in total. All medical treatment is provided in accordance with the medical treatment utilization schedule.

If State Fund accepts your claim, State Fund will pay all approved medical care that is reasonable, necessary, and supported by evidence-based treatment guidelines. This care may include doctors, hospital services, physical therapy, lab tests, x-rays, medicines, and related reasonable transportation expenses. For injuries on or after January 1, 2004, there are limits on the number of chiropractic, occupational therapy, and physical therapy visits.

State Fund pays for all authorized treatment so you should not receive any bills. The law states that you are not responsible for copayments or balance-due bills after we have paid the provider. If you receive any bills or a

medical provider or pharmacy demands payment up-front, contact your claims representative right away to direct you elsewhere.

We will also pay a portion of your lost wages if you cannot work due to the injury. This benefit is called temporary disability. If your injury or illness results in a permanent impairment that decreases your ability to compete in the open labor market, we will also pay you permanent disability benefits. In the event of a work-related death, we will pay death benefits to your qualified surviving dependents.

As of January 1, 2004, State Fund is required to review medical treatment requests from your physician through a Utilization Review (UR) process. This review process involves doctors and other health consultants reviewing your treatment needs based on the medical information provided by your physician to State Fund. There are time limits to approve, modify, delay, or deny treatment requests from your physician.

### How is temporary disability calculated?

The weekly temporary disability rate is two-thirds of your average weekly earnings, subject to minimum and maximum amounts that the legislature determines. The minimum and maximum amounts that are in effect depend upon your date of injury. The maximum amount of \$602 is in effect for injuries in 2003; \$728 for injuries in 2004; and \$840 for injuries in 2005.

For dates of injury in 2003 through 2005, those workers with wages less than \$189 qualify for a minimum weekly temporary disability rate of \$126.

We recalculate temporary disability payments made two or more years after the injury to reflect the rates in effect at the time of the payment.

### When does temporary disability start and stop?

If you are unable to work for more than 3 calendar days, we will pay you temporary disability. This 3-day “waiting period” will qualify for payment, however, if you are unable to work for more than 14 calendar days, or if you

are hospitalized as an inpatient. You will receive temporary disability payments every two weeks during the time you qualify for this benefit. Generally, temporary disability stops when you return to work, or when the treating physician releases you for work or says that your injury has reached a point of maximum improvement. TD payments will not be extended beyond 104 compensable weeks within two years after the initial TD payment. Exempt are certain injuries that typically take longer to heal; they are subject to a cap of 240 weeks within a five-year period.

### How is permanent disability calculated and paid?

Your examining physician will report on any permanent impairment that may be considered a permanent disability. Under workers’ compensation law, a permanent disability rating involves the use of a specialized formula. This formula considers your age and occupation at the time of your injury or illness, plus any permanent impairments that the examining physician may indicate. The permanent disability rating yields a specific dollar amount. The exact amount depends on the date of injury, the percentage of disability, and your average weekly earnings at the time of injury. Once permanent disability payments begin, you receive payments every two weeks at your permanent disability rate. This rate is equal to two-thirds of your average weekly wages at the time of injury, subject to the established minimum and maximum rates. The table below lists the maximum permanent disability payments for each percentage range.

Maximum Permanent Disability Payment				
RATING	07/1/96-12/31/02 RATES	RATES FOR 2003-2005		
		2003 RATES	2004 RATES	2005 RATES
Up to 14.75%	\$140	\$185	\$200	\$220
15% to 24.75%	\$160	\$185	\$200	\$220
25% to 69.75%	\$170	\$185	\$200	\$220
70% to 99.75%	\$230	\$230	\$250	\$270
Minimum per week:	\$ 70	\$100	\$105	\$105

## When does permanent disability start and stop?

Generally, if we accept your claim and your treating physician has determined that you have permanent disability, payments begin within 14 days after the termination of temporary disability. If we know the extent of your permanent disability, we will continue the payments every two weeks until we have paid the full benefit. If we do not know the extent of your permanent disability, payments will continue every two weeks until we have paid a reasonable estimate of your permanent disability indemnity due.

## How are death benefits calculated and paid?

The total death benefit is contingent on the number of surviving partial and total dependents at the time of injury or illness resulting in death. Once we determine the dependency, we pay the death benefit in installments at the decedent's temporary disability rate. However, the rate must be no less than \$224 per week until we have paid the total death benefit, or, if dependency involves a minor child, until the minor child is 18 years old. For injuries on or after January 1, 2003, benefits will be paid to a dependent child for life when physically or mentally incapacitated from earning. The next table shows the distribution of maximum death benefits.

Death Benefit Maximums		
	07/01/96 - 12/31/05	2006-NEW BENEFITS
Single total dependent	\$125,000	\$250,000
No total dependents and one or more partial dependents	\$125,000	\$250,000
Single total dependent and one or more partial dependents	\$145,000	\$290,000
Two total dependents	\$145,000	\$290,000
Three or more total dependents	\$160,000	\$320,000

Effective 01/01/04, if no dependents exist, \$250,000 will be paid to the employee's estate.

## What is the role and function of the primary treating physician?

Your treating doctor will decide what type of medical care you'll get for your injury or illness, determine when you can return to work, help identify the kinds of work you can do safely while recovering, refer you to specialists, if necessary, and write medical reports that will affect the benefits you receive.

## Can I choose the doctor who will treat me for my job injury?

Your ability to choose the doctor depends upon the following variables:

- **Health Care Organization (HCO) or Medical Provider Network.** If your employer has established a medical provider network or offers an HCO, then your employer or workers' compensation insurance carrier will select the doctor.
- **Group Health Insurance.** If your employer offers a group health insurance plan, you may predesignate your personal physician who participates in that plan prior to an injury.
- If your employer does not offer any of the preceding options, then you may not predesignate.

If, in accordance with the above requirements, you have predesignated your personal physician or chiropractor in writing, and the doctor has agreed to the predesignation, then you may go to this doctor for treatment immediately after your injury.

Prior to 1/1/05, if you have *not* predesignated, you may change your treating physician or chiropractor 30 days after report of the injury.

After 1/1/05, if you *have* predesignated and your employer does not participate in Medical Networks, you may change your treating physician or chiropractor 30 days after report of the injury.

As established previously (effective January 1, 2003), your employer must provide all new employees with a form on which they may predesignate their personal

physician or personal chiropractor who has treated them in the past and has their medical or chiropractic treatment records. However, this predesignation is available only to those employees whose employers offer an HCO or Group Health Insurance.

Contact your claims representative for more information.

### How can I return to work as soon as possible?

To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims representative, 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 be temporary or may be extended depending on the nature of your injury or illness.

### What if I become dissatisfied with my treatment?

If you are unhappy with the medical treatment you're receiving, you can take one of the following steps:

- Contact your State Fund claims representative and explain why you are dissatisfied. Our claims representative can try to resolve the problem with the physician.
- **HCO.** If your employer provides an HCO, after at least 90 days (or up to 180 days), you may go to a physician of your own choosing.
- **Medical Network.** You may change to a second or third physician of your choosing within the medical network. If you are still dissatisfied, you may then request an Independent Medical Review regarding the disputed treatment or diagnostic service.

We'll continue to pay the approved medical bills and reasonable transportation costs, so be sure to tell your claims representative the name and address of your new physician.

You can also request a change of physician at any time during your injury. Your claims administrator/State Fund must consider your request for a physician change.

### May I file a workers' compensation claim if an injury occurs outside of work?

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

*Note: Workers' compensation fraud laws make it a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining or denying workers' compensation benefits. Anyone caught performing these illegal acts will be prosecuted. If convicted, the person can face up to 5 years in prison and/or up to a \$150,000 fine.*

### What if I have a recurrence and require further medical care?

If you need more medical care for your injury after your original treatment has ended, you have one full year after your last treatment to notify us of your request for more medical care.

### What if I have to change my line of work because of a workers' compensation injury?

For injuries before January 1, 2004, if you are unable to return to your job due to a workers' compensation injury, you may qualify for vocational rehabilitation benefits. Your rehabilitation plan may be as simple as modifying your current job to accommodate any limitations you have suffered, or it may involve training for a new job. Our Vocational Rehabilitation Counselors will help you obtain any needed services.

For injuries before January 1, 2004, a represented employee may agree to settle his/her right to future vocational rehabilitation with a one-time payment which cannot be more than \$10,000.

For injuries on or after January 1, 2004, if your injury results in permanent disability, and you are unable to return to work within 60 days after the last payment of temporary disability, and your employer does not offer modified or alternative work, a non-transferable voucher for education-related costs is payable to a state-approved school. The voucher can range from \$4,000 to \$10,000 depending on the level of your permanent disability. This benefit is called a Supplemental Job Displacement Benefit (SJDB). The following table shows the different ranges.

Supplemental Job Displacement Benefits (SJDB)	
Permanent Disability Level	SJDB Voucher Amount
Less than 15%	Up to \$4,000
15% to 25%	Up to \$6,000
26% to 49%	Up to \$8,000
50% to 99%	Up to \$10,000

### What are my protections against discrimination for filing a workers' compensation claim?

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. If you believe you have experienced discrimination because of your injury, you should discuss your rights with an Information and Assistance Officer at the State Division of Workers' Compensation or with an attorney.

### What if I have not received the benefits I think I should have?

If you have not received the benefits you think you should have, ask for an explanation from your State Fund claims representative. Misunderstandings and errors sometimes do occur, but you can resolve most of them by talking with your claims representative.

If you are not satisfied with your claims representative's answers, you have several options. You have the right to consult with and be represented by an attorney. You can consult with an Information and Assistance Officer of the Division of Workers' Compensation. You can also file an Application for Adjudication of Claim with the Workers' Compensation Appeals Board (WCAB) to resolve your claim formally. The Information and Assistance Officer can help you file the Application for Adjudication of Claim.

### Are there time limits for filing a claim?

Yes. Generally, the law requires you to provide your employer with notice of your injury within 30 days of the date of injury. In addition, should you disagree with any of our actions, in order to protect your rights you must commence proceedings before the Workers' Compensation Appeals Board by filing an Application for Adjudication of Claim within one year of the date of injury, or one year from the last furnishing of indemnity or medical treatment benefits by your employer or State Fund. It is very important that you act promptly so as not to risk losing your benefits because you waited too long.

## DIVISION OF WORKERS' COMPENSATION INFORMATION AND ASSISTANCE OFFICERS

ANAHEIM	714/738-4038	RIVERSIDE	909/782-4347
BAKERSFIELD	661/395-2514	SACRAMENTO	916/263-2741
EUREKA	707/441-5723	SALINAS	831/443-3058
FRESNO	559/445-5355	SAN BERNARDINO	909/383-4522
GOLETA	805/968-4158	SAN DIEGO	619/767-2082
GROVER BEACH	805/481-3380	SAN FRANCISCO	415/703-5020
LONG BEACH	562/590-5240	SAN JOSE	408/277-1292
LOS ANGELES	213/576-7389	SANTA ANA	714/558-4597
OAKLAND	510/622-2861	SANTA MONICA	310/452-1188
OXNARD	805/485-3528	SANTA ROSA	707/576-2452
POMONA	909/623-8568	STOCKTON	209/948-7980
REDDING	530/225-2047	VAN NUYS	818/901-5374

**(800) 736-7401** (Recorded information only)

*This pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.*

To our policyholders:

California law requires employers to provide a form on which employees may indicate the name of their personal physician or personal chiropractor. The form must be provided to new hires either at the time the employee is hired or by the end of the first pay period.

This form is available from your State Fund representative at no cost to you. Keep a supply on hand. Document personnel records, indicating when this form was provided and when it was returned to you.

**PLEASE SEE REVERSE SIDE**

After completion by employee, keep original in the employee's personnel file, and provide a copy to your employee.

If I am injured on the job, I wish to be treated by my personal physician or personal chiropractor, who has treated me before and who has my medical or chiropractic treatment records.

Si me lesionara en el trabajo, quisiera que me atienda mi médico personal o mi quiropráctico personal, quien me ha atendido antes y tiene mi expediente médico o expediente quiropráctico.

**EMPLOYEE'S INFORMATION:**

NAME/NOMBRE \_\_\_\_\_

**YOUR DOCTOR'S INFORMATION:**

DOCTOR \_\_\_\_\_

ADDRESS/DIRECCION \_\_\_\_\_

PHONE/TEL. \_\_\_\_\_

CITY/CIUDAD \_\_\_\_\_

STATE/ESTADO \_\_\_\_\_

ZIP/CODIGO \_\_\_\_\_

EMPLOYEE'S SIGNATURE / FIRMA DEL EMPLEADO \_\_\_\_\_

DATE / FECHA \_\_\_\_\_

DOCTOR'S SIGNATURE / FIRMA DEL DOCTOR \_\_\_\_\_

DATE / FECHA \_\_\_\_\_