



# DISABILITY COMPENSATION LAW NOTICE TO EMPLOYEES

**Workers' Compensation - You have the right to** receive workers' compensation benefits and medical care if you suffer a work-related injury. You must report the date, time and circumstance of your injury immediately to your employer or supervisor. Give the name of the insurer to your doctor so that your doctor will know where to send the physician's report. If your employer does not file a report of the injury, you may file a written claim with the Disability Compensation Division. You do not pay for the premium cost; your employer pays the entire amount.

You are entitled to all required medical, surgical and hospital services and supplies including medication; weekly benefits from the fourth day of disability to replace wage loss, representing 66 2/3% of your average weekly wage but not more than the maximum weekly benefit amount annually set by the Department; additional benefits if the injury results in permanent disability or disfigurement; vocational rehabilitation, if appropriate; funeral and burial expenses if the work injury results in death; and additional weekly benefits to the surviving spouse and other dependents.

**Temporary Disability Insurance - You have the right to** file a claim for temporary disability insurance benefits within 90 days from the date of disability if you suffer a disabling non work-related injury/illness, or inability to work because of your pregnancy. Your employer or insurance carrier should furnish you with a TDI-45 claim form or some other authorized claim form. You may receive TDI benefits if your inability to work is properly certified by a physician. Generally, you must have worked for an employer in Hawaii at least two weeks prior to your disability. During the last 52 weeks, you must have: worked for at least 14 weeks; been paid for at least 20 hours per week; and earned at least \$400.

After a 7 consecutive day waiting period, you will be paid 58% of your average weekly wage, not to exceed the maximum in the TDI law. Your employer may have an "equivalent" plan approved by the Department, which may provide different benefits. You should ask your employer for details if they have an "equivalent" plan.

You may be required by your employer to share in the premium cost. Your share cannot be more than one-half of the cost and should not exceed .5% of your weekly wages. Your employer pays the remaining portion exceeding the prescribed limitation. If you are not eligible for benefits (see second paragraph above), your employer cannot deduct any contributions from you to share in the premium cost.

**Prepaid Health Care - You have the right to** enroll in your employer's prepaid health care insurance plan after 4 consecutive weeks of employment where you have worked at least 20 hours each week. The health care plan must be approved by the Department and include insurance coverage for hospital, surgical, medical, diagnostic and maternity medical care. You should claim benefits under this program if a non work-related injury or illness requires medical care. Give your doctor or hospital the name of your employer's health care contractor and the plan name.

If you are required to share in the premium cost for your coverage, your share cannot be more than 1.5% of your monthly wages or one-half the premium cost (whichever is less). Your employer pays the balance.

Disability Compensation Division:

Oahu	586-9161 (Workers' Compensation)
	586-9188 (Temporary Disability Insurance and Prepaid Health Care)
Hilo	974-6464
Kona	322-4808
Maui	243-5322
Kauai	274-3351

**This notice provides general background information on labor laws administered and enforced by DLIR's Disability Compensation Division and is not intended to serve as a substitute for legal counsel. For specific legal advice on individual situations, please consult an attorney.**

Linda Chu Takayama, Director  
Department of Labor and Industrial Relations

**\*You may satisfy Hawaii Labor Laws' posting requirements by posting our official labor law poster.**  
For more information: <http://labor.hawaii.gov/labor-law-poster/>

Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request to individuals with disabilities.  
TDD/TTY Dial 711 then ask for (808) 586-8866.

Revised 11/10/15

Every work injury to an employee causing absence for one day or more or which requires medical services other than first aid treatment must be reported within 7 working days after the injury. Failure to report promptly is a misdemeanor punishable by not more than a \$5,000 fine. (Sec 386-95, H.R.S. NOTIFY THE DIVISION IMMEDIATELY IF INJURY RESULTS IN DEATH.) EVERY QUESTION MUST BE ANSWERED FULLY TO AVOID FURTHER CORRESPONDENCE.

The law requires the employer to furnish the injured employee a copy of this report.

WC-1 EMPLOYER'S REPORT OF INDUSTRIAL INJURY										CASE NUMBER	
IDENTIFICATION SECTION			NOTE: DO NOT WRITE IN SHADED BLOCKS								
EMPLOYEE NAME - LAST		FIRST	M.I.	SOC SEC NO	DATE OF BIRTH MM / DD / YY		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MARITAL STATUS MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	DATE RECEIVED MM / DD / YY		
ADDRESS			ADDITIONAL ADDRESS INFORMATION (C/O)			CITY		STATE	ZIP CODE		
PHONE	OCCUPATION	DATE HIRED MM / DD / YY	YRS EMP'D CODE	DEPARTMENT		PAYROLL COMP CLASS CODE		OCC. CODE			
REGISTERED EMPLOYER				DBA							
ADDRESS					CITY		STATE	ZIP CODE			
PHONE	NATURE OF BUSINESS		DATE INJURY/ILLNES REPORTED MM / DD / YY	DATE OF INJURY/ILLNESS MM / DD / YY	PREFAB <input type="checkbox"/> WC-2 <input type="checkbox"/> WC-5		DOL NUMBER		DBA		

DETAIL OF INJURY / ILLNESS											
TIME OF INJURY/ILLNESS ____ AM ____ PM		TIME OF I/I CODE	PLACE OF I/I IF DIFFERENT FROM EMPLOYER'S MAILING ADDRESS			CITY	STATE	ON EMPLOYER'S PREMISES <input type="checkbox"/> YES <input type="checkbox"/> NO	INDUSTRIAL CODE		
HOW DID THIS ACCIDENT OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened. Please use separate sheet if necessary)					TIME WORKSHIFT BEGAN ____ AM ____ PM		SOURCE OF INJURY		EVENT		
WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using)							TASK	ACTIVITY	ACCIDENT FACTOR		
							AOS				
OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g. the machine employee struck against or struck him; the vapor or poison inhaled or swallowed; the chemical that irritated employee's skin. In cases of strains, the object employee was lifting, pulling, etc.)											
DESCRIBE IN DETAIL THE NATURE OF THE INJURY, ILLNESS AND PART OF THE BODY AFFECTED						DISFIGUREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		BURNS <input type="checkbox"/> YES <input type="checkbox"/> NO		NATURE OF INJURY	PART OF BODY

TIME LOST INFORMATION									
DATE DISABILITY BEGAN MM / DD / YY	WAS EMPLOYEE FURNISHED MEALS OR LODGING? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVG WKLY WAGE	IF EMPLOYEE IS BACK TO WORK GIVE DATE MM / DD / YY	WAS EMPLOYEE PAID IN FULL FOR DAY OF INJURY/ ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF EMPLOYEE DIED GIVE DATE MM / DD / YY	HOURLY WAGE	MONTHLY SALARY	HRS WKED / WK	WEIGHING FACTOR

TREATMENT			OBTAIN NAME OF TREATING PHYSICIAN FROM EMPLOYEE						
NAME OF PHYSICIAN		ADDRESS					PHYSICIAN I.D. CODE		
NAME OF MEDICAL FACILITY		ADDRESS					INPATIENT OVERNIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO EMERGENCY ROOM ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

INSURANCE									
NAME OF WC INSURANCE CARRIER		NAME OF ADJUSTING COMPANY		IF LIABILITY DENIED - WHY?			IS LIABILITY DENIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POLICY NO.	POLICY PERIOD		ADJUSTER NAME			CARRIER CASE NO.			

SIGNATURE				ADJUSTER I.D.		MEDICAL DEDUCTIBLE	
				TITLE		DATE MM / DD / YY	

Address all inquiries to:

Department of Labor and Industrial Relations  
Disability Compensation Division

Oahu: P.O. Box 3769  
830 Punchbowl Street, Room 210  
Honolulu, Hawaii 96812-3769  
Phone: (808) 586-9161

Hawaii: State Office Building  
75 Aupuni Street, Room 108  
Hilo, Hawaii 96720  
Phone: (808) 974-6464

West Hawaii: P.O. Box 49  
Kealahou, Hawaii 96750  
Phone: (808) 322-4808

Maui: State Office Building, #2  
2264 Aupuni Street  
Wailuku, Hawaii 96793  
Phone: (808) 243-5322

Kauai: State Office Building  
3060 Eiwa Street, Room 202  
Lihue, Hawaii 96766  
Phone: (808) 274-3351

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Auxiliary aids and services are available upon request. Please call the above listed telephone numbers, (808) 586-8847 (TTY), or 1-888-569-6859 (TTY neighbor islands). A request for a reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation be subjected to discrimination, excluded from participation in, or denied the benefits of the department's services, programs, activities, or employment.

## HIGHLIGHTS OF THE HAWAII WORKERS' COMPENSATION LAW



STATE OF HAWAII  
Department of Labor and Industrial Relations  
**DISABILITY COMPENSATION DIVISION**

## HIGHLIGHTS OF THE HAWAII WORKERS' COMPENSATION LAW

### *INTRODUCTION*

Your safety and well being on the job are important to the employer. However, accidents and illnesses can arise from work and when they do, you are covered under the workers' compensation law. This brochure has been prepared to help explain your benefits and responsibilities under the workers' compensation law.

### *PURPOSE*

The purpose of the workers' compensation law is to provide an employee who suffers an industrial injury or illness with medical care, wage loss replacement, and permanent disability benefits. It also provides death benefits for dependents.

### *WHO CAN RECEIVE WORKERS' COMPENSATION BENEFITS?*

Most full-time and part-time employees who suffer from any injury or disease, which results from work or working conditions, are covered. Under the law, certain kinds of employees are not covered.

### *WHAT SHOULD I DO IF I AM INJURED?*

1. Immediately report the injury to your immediate supervisor or employer. You can do this orally or in writing.
2. Obtain appropriate treatment for the injury.

### *DO I HAVE TO FILE ANY PAPERS TO MAKE A CLAIM?*

If your employer fails to file an "Employer's Report of Industrial Injury/Illness" (WC-1) with their workers' compensation insurance carrier, you should contact your nearest Disability Compensation Division office and file an "Employee's Claim for Workers' Compensation Benefits" (WC-5).

### *WHAT DO I TELL MY PHYSICIAN IF I AM INJURED?*

If you are injured as a result of your work, you should tell the person treating you that this is an industrial injury. Ask the physician to send the medical reports and bills to your employer's insurance carrier. The physician should call the employer for the name of the insurance carrier.

**FROM WHOM CAN I OBTAIN TREATMENT?**

You may obtain treatment from a physician of your choice. However, you may be under the care of only one attending physician. Your attending physician may refer you to other specialist(s) with the approval of the employer's insurance carrier.

You may change your attending physician once, but you must notify the insurance carrier before making the change. Any other changes in physician require approval from the insurance carrier before the change.

**IF I AM INJURED, WHAT MEDICAL BENEFITS WILL WORKERS' COMPENSATION PAY FOR?**

If your claim is accepted, workers' compensation should pay for the following:

1. Treatments for the injury.
2. Hospital charges.
3. Prescription drugs ordered by your doctor.
4. X-rays as prescribed.
5. Physical therapy as ordered by your doctor.
6. Reasonable transportation expense incidental to treatment. (Keep track of your expenses and mileage.)

**WHAT TYPES OF DISABILITY BENEFITS AM I ELIGIBLE FOR?**

You are eligible for the following types of disability benefits:

**1. TEMPORARY TOTAL DISABILITY (TTD)**

If you are unable to work because of an industrial injury, you may receive temporary wage replacement benefits after a three-day waiting period. You may receive 2/3 of your weekly wages up to a specified maximum. (For example, the maximum for 2004 is \$596.) TTD is paid for periods a physician certifies you are unable to work.

If your workers' compensation claim is disputed and you are not paid benefits, you may file a temporary disability insurance (TDI) claim with your employer's TDI carrier. If eligible, you will be paid benefits at rates allowed by the TDI law. The TDI carrier may recover the amount they paid from your workers' compensation benefits.

If you have two or more jobs you may be eligible for concurrent benefits. You must notify the nearest Disability Compensation Division office.

**2. PERMANENT PARTIAL DISABILITY (PPD)**

After you reach the point of stability or maximum medical recovery, you may be sent to a physician to be evaluated on the extent of your permanent impairment. The evaluation will be used to determine the amount of your PPD award.

**3. PERMANENT TOTAL DISABILITY (PTD)**

If you are unable to do any kind of work, you may be eligible for PTD benefits. Whether you are eligible for PTD benefits is determined at a hearing held by the Department of Labor and Industrial Relations.

**4. DISFIGUREMENT**

If an injury results in a permanent disfigurement, you may be entitled to additional compensation. Disfigurement includes scars, deformity, and discoloration. Laceration scars and surgical scars are reviewed six months from date of occurrence, however, burn scars are evaluated after one year.

**5. DEATH BENEFITS**

Where an industrial injury results in death, the surviving spouse and dependent minor children (including full-time students up to 21 years of age) are entitled to weekly benefits as provided in the workers' compensation law. Funeral expenses up to 10 times the maximum weekly benefit rate and burial expenses up to 5 times the maximum weekly benefit rate are also allowed.

**6. VOCATIONAL REHABILITATION**

When an industrial injury has or may have caused permanent disability and prevents you from returning to your usual job, you may self-refer for vocational rehabilitation services to assist you in returning to suitable work.

**WHAT IS THE PROCESS?**

If there are any issues which cannot be resolved by agreement, you may request for a hearing. A hearing will be held, and a decision will be rendered. If you or the employer/insurance carrier disagrees with the decision, the decision may be appealed by filing a notice of appeal with the department within 20 calendar days from the date stamped on the decision.