LARA
LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

Workers' Compensation Agency
Rights & Responsibilities

Michigan's workers' compensation system provides wage replacement, medical treatment, and vocational rehabilitation benefits to individuals who are injured while at work. Each party in this system has rights and responsibilities that ensure the successful operation of the process.

EMPLOYEES

- Most workers are covered under workers' compensation from the date of employment.
- **Report all injuries to your supervisor immediately**.
- When injured, you can receive wage loss benefits, medical care, and rehabilitation services.
- A compensable injury is one that has arisen "out of and in the course of employment." The work must cause the disability.
- Workers' compensation is the "exclusive remedy" for work injuries, meaning that in most cases you cannot sue for other damages.
- **There is a 7-day waiting period for benefit payments.** You will not receive a workers' compensation check for disability lasting less than 7 days. However, medical benefits should be provided from the day of injury. If your wage loss lasts longer than 7 consecutive days, you are entitled to benefits as of the 8th day. If your wage loss continues for 14 days or longer, you are entitled to receive payment for that first week of disability.
- In most cases, wage loss benefits are calculated by taking the average of the highest 39 weeks of the last 52 weeks of gross wages prior to injury. This is your Average Weekly Wage (AWW). Generally you should receive 80% of the after-tax value of your AWW.
- In certain circumstances, the value of discontinued "fringe benefits" such as the cost of health insurance, employer contributions to a pension plan, and vacation and holiday pay may be included in determining the AWW.
- You should be paid your benefit on a weekly basis, and payments should continue as long as you are disabled and are suffering a wage loss.
- Your first check is due and payable on the 14th day of disability. However, a benefit check is not considered "late" until 30 days after the due date.
- If you have **more than one job** covered under the Act, the earnings from Michigan employers are added together to calculate the AWW.
- You may also be eligible for Family Medical Leave Act (FMLA) benefits. If you have questions, you should contact the U.S. Department of Labor.
- **Medical Benefits:** You are entitled to all reasonable and necessary medical care including surgical, hospital, and dental services, as well as crutches, hearing apparatus, chiropractic treatment, and nursing care. These services are provided indefinitely as long as there is a need.
- **Choosing A Doctor:** During the first 28 days of treatment, the employer has the right to choose the doctor. After that, you are free to change doctors providing that you notify the employer and insurance company, preferably in writing. You do not need authorization from the insurance company or the employer to be medically treated, as long as the treatment is reasonable and necessary, and your claim is not in dispute.
- **Maintaining Contact:** It is extremely important that you maintain regular contact with your employer throughout the treatment and recovery period so that they are aware of your progress. Provide your employer with updated work status reports and discuss early return to work options.
- **Vocational Rehabilitation:** If you have a work-related injury or illness which prevents you from returning to your job and you are currently receiving workers' compensation benefits, you are entitled to a maximum of 104 weeks of vocational assistance in returning to work. Vocational rehabilitation can help you return to your current job or a new one by identifying interests, skills and abilities, evaluating accommodations, providing job readiness assistance, outlining career objectives, and arranging retraining opportunities. Vocational rehabilitation services create a "win-win" scenario for employers, carriers, and injured employees, especially when utilized as an early intervention tool.

EMPLOYERS

- All public and most private employers in Michigan are covered by workers' compensation. Every employer subject to the Act must provide proof of insurance or be approved for self-insurance to ensure benefits can be paid to its workers should they become injured.
- Eligible employees are covered under workers' compensation from the date of employment.
- There are severe penalties if an employer fails to provide workers' compensation coverage.
- **Minors:** The Act provides that an illegally employed minor is entitled to double compensation if injured.
- **Reporting:**
  - ⇨ All claims must be reported to your insurance carrier.
  - ⇨ Form WC-100: must be filed with the Workers' Compensation Agency and your insurance carrier immediately upon the disability exceeding 7 consecutive days, death or specific loss. A copy of this form must also be given to the employee.
- You must ensure that reasonable and necessary medical treatment is provided promptly.
- You will need to provide a wage history report to the insurance carrier in order to calculate the correct benefit amount.
- You are encouraged to maintain contact with your employees while they are off work, and provide appropriate light-duty work options and accommodations when possible.

INSURANCE COMPANIES

- Prompt and regular payment of benefits is required by law.
  - ⇨ Form WC-701: must be filed with the Workers' Compensation Agency (WCA) when wage loss benefits begin, change or stop.
  - ⇨ Form WC-110: must be filed with the WCA 3 months post-injury, and every 4 months after, to report on vocational rehabilitation activity.
  - ⇨ Form WC-107: must be filed with the WCA if a claim is disputed.
- Medical services rendered are subject to the State of Michigan Health Care Rules and Fee Schedules. Injured employees are not to be "balance billed" for charges over and above the fee schedule.
- Benefits are not to be stopped for non-cooperation with vocational rehabilitation, but a hearing can be requested.

For more information contact: State of Michigan - Workers' Compensation Agency
Toll free: 1-888-396-5041 www.michigan.gov/wca

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

State of Michigan
Workers' Compensation Agency

Employees -- Know Your Rights!

- **Remember** - **It is important to report your injury to your employer**.
- **Medical Care**
  You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

  If your employer refuses to provide medical care, you should contact Michigan's Workers' Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

  You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.
- **Wage Loss Benefits**
  You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.
- **Vocational Rehabilitation**
  If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

To be completed by the employer

_____
Employer Name

_____
Employer Contact Person and Telephone Number

_____
Workers' Compensation Insurance Carrier Name

If you have questions, please call the
State of Michigan Workers' Compensation Agency
Toll-free 1-888-396-5041

Additional information is on the agency's website at www.michigan.gov/wca.

EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!

OCR 100

EMPLOYER'S BASIC REPORT OF INJURY

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailing procedures.

I. EMPLOYEE DATA

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)		
4. Address (Number & Street)		5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)	9. Sex ☐ Male ☐ Female	10. Number of dependents	11. Telephone number	
12. Tax filing status: ☐ A. Single ☐ B. Single, Head of Household ☐ C. Married, Filing Joint ☐ D. Married, Filing Separate				

II. EMPLOYER/CARRIER DATA

13. Employer name			14. Federal ID Number	
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)	
19. Employer street address		20. City	21. State	22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)	

III. INJURY/MEDICAL DATA

25. Last day worked	26. Date employee returned to work (if applicable)		27. Did employee die? ☐ Yes ☐ No	28. If yes, date of death
29. Injury city	30. Injury state	31. Injury county	32. Did injury occur on employer's premises? ☐ Yes ☐ No (If no, see item 53)	
33. Case number from OSHA/MIOSHA log	34. Time employee began work ☐ a.m. ☐ p.m.		35. Time of event ☐ a.m. ☐ p.m.	If time cannot be determined, check here ☐
36. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.				
37. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet;" "Worker was sprayed with chlorine when gasket broke during replacement"				
38. Describe the nature of injury or illness		39. Part of body directly affected by the injury or illness		
40. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.				
41. Name of physician or other health care professional	42. Was employee treated in an emergency room? ☐ Yes ☐ No		43. Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No	
44. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)				

IV. OCCUPATION AND WAGE DATA

45. Date hired	46. Total gross weekly wage (highest 39 of 52)	47. Number of weeks used	48. Value of discontinued fringes
49. Occupation (Be specific)	50. Was employee a volunteer worker? ☐ Yes ☐ No	51. Was employee certified as vocationally handicapped? ☐ Yes ☐ No	
52. Date employer notified by employee	53. If temporary service agency, provide name/address of employer where injury occurred.		

V. PREPARER DATA

I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

54. Preparer's name (Please print or type)	55. Preparer's signature	56. Telephone number	57. Date prepared

Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report.* It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary (*Form 300A*)*, these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority: Completion: Penalty:	Workers' Disability Compensation Act, 408.31(1)(3) Mandatory Workers' Disability Compensation Act, 418.631	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

EMPLOYEE'S REPORT OF CLAIM

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
P.O. Box 30016, Lansing, MI 48909

NOTE: A copy of this form will be sent to your employer and their workers' compensation insurance carrier. Do not submit any medical reports with this form.

1. Social Security Number	2. Date of Injury		3. Date of Birth (MM/DD/YYYY)	4. Employee Telephone Number	
5. Employee Name (Last, First, MI)			10. Employer Name		
6. Employee Street Address			11. Employer Street Address		
7. Employee City	8. State	9. ZIP Code	12. Employer City	13. State	14. ZIP Code
15. Describe the type of injury and explain how it happened.					
16. Are you making a claim for payment of medical expenses? ☐ Yes ☐ No			17. Last Day Worked		
18. Have you gone back to work? ☐ Yes ☐ No If yes, date of return _____			19. Was the injury reported to your employer? ☐ Yes ☐ No If yes, date reported _____		

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

20. Employee Signature	21. Date of this report

OFFICE USE ONLY
Carrier Name

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, 408.31(4) Completion: Voluntary Penalty: None

SUPPLEMENTAL REPORT OF FATAL INJURY

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

THIS REPORT IS TO BE FILED BY THE EMPLOYER IMMEDIATELY AFTER THE DEATH OF AN INJURED EMPLOYEE.

I. DECEASED EMPLOYEE

1. Social Security Number	2. Date of Injury	3. Date of Death	
4. Name (Last, First, Middle Initial)			
5. Street Address	6. City	7. State	8. ZIP Code

II. EMPLOYER DATA

9. Employer Name		10. Federal I.D. Number	
11. Street Address	12. City	13. State	14. ZIP Code
15. Amount of Burial Expenses Paid (If Not Previously Reported) $			

III. DEPENDENTS OF EMPLOYEE

16. Name	17. Date of Birth	18. Relationship to Deceased (Spouse, Child, or Other - Please Specify Other)	19. Extent of Dependency (Total/Partial)

20. Employer's Signature	21. Title	22. Date

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Authority: Workers' Disability Compensation Act, R408.31(3)
Completion: Mandatory
Penalty: Workers' Disability Compensation Act 418.631