Workers' compensation

If you are injured

- Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not make a timely report of the injury to your employer. The time limit may be as short as 14 days.
- Provide your employer with as much information as possible about your injury.
- Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you in writing if you are covered by a CMCO.
- Cooperate with all requests for information concerning your claim.

  The law allows the workers' compensation insurer to obtain medical information related to your work injury without your authorization, but they must send you written notification when they request the information.

  The insurer cannot obtain other medical records unless you sign a written authorization.
- Get written confirmation from your doctor about any authorization to be off work. The note should be as specific as possible.

Workers' compensation pays for

- Medical care for your work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income.
- Compensation for permanent damage to or loss of function of a body part.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.
- Benefits to your spouse and/or dependents if you die as a result of a work injury.

What the insurer must do

- The insurer must investigate your claim promptly. If you have been disabled for more than three calendar-days, the insurer must begin payment of benefits or send you a denial of liability within 14 days after your employer knew you were off work or had lost wages because of your claimed injury.
- **If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will notify you and must start paying wage-loss benefits within the 14 days noted above. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.
- **If the insurer denies your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will send notice to you within 14 days. The notice must clearly explain the facts and reasons why they believe your injury or illness did not result from your work or why the claimed wage-loss benefits are not related to your injury.

  If you disagree with the denial, talk with the insurance claims adjuster who is handling your claim. If you are not satisfied and still disagree with the denial, **call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline at 1-800-342-5354.**

Fraud

Collecting workers' compensation benefits you are not entitled to is theft. Call 1-888-372-8366 to report workers' compensation fraud.

Insurer name and contact information

(651) 284-5032 • 1-800-342-5354 • dli.workcomp@state.mn.us • www.dli.mn.gov

Posting required by law in a location where employees can easily see this notice.

August 2017

MN Department of Labor and Industry
Workers' Compensation Division
(651) 284-5032 or 1-800-342-5354

First Report of Injury

See Instructions on Reverse Side

Print in ink or type
Enter dates in MM/DD/YYYY format

DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY # | 2. OSHA case # | 3. Time employee began work on date of injury — am / pm

4. DATE OF CLAIMED INJURY | 5. Time of injury — am / pm | 6. Date of death | # of dependents (if death is related to injury)

7. EMPLOYEE Name (last, suffix, first, middle) | 8. Gender — M / F | 9. Marital status — Married / Unmarried

10. Home address | 11. Home phone # | 12. Date of birth | 13. Date hired

City | State | Zip Code | 14. Occupation | 15. Regular department | 16. Apprentice — Yes / No

17. Average weekly wage | 18. Rate per hour | 19. Hours per day | 20. Days per week | Normal work schedule Sun - Sat (S M T W T F S) | 21. Employment status (check all that apply) — Full time / Part time / Seasonal / Volunteer

22. **Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was.** *Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."*

23. **What was the injury or illness (include the part(s) of body)?** *Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.*

24. **What tools, equipment, machines, objects, or substances were involved?** *Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.*

25. Did injury occur on employer's premises? — Yes / No
Name and address of the place of the occurrence

26. Date of first day of any lost time

27. Employer paid for lost time on day of injury (DOI) — Yes / No / No lost time on DOI

28. Date employer notified of injury

29. Date employer notified of lost time

30. Return to work date

31. RTW same employer — Yes / No

32. RTW with restrictions — Yes / No

33. Treating physician (name)

35. Certified Managed Care Organization (if any)

34. Extent of medical treatment (check all that apply)
None / Minor on-site by employer's medical staff / Minor clinic/hospital / Emergency room / Hospitalization more than 24 hours / Future major medical anticipated

36. **EMPLOYER** Legal name | 37. EMPLOYER DBA name (if different)

38. **Mailing** address | 39. Employer FEIN | 40. Unemployment ID #

City | State | Zip Code | 41. Employer's contact name and phone #

42. **Physical** address (if different) | 43. Witness (name and phone) - if more than 1 attach a separate sheet

City | State | Zip Code | 44. NAICS code | 45. Date form completed

46. **INSURER** name | 51. **CLAIMS ADMIN COMPANY (CA)** name (check one) — Insurer / TPA

47. Insured legal name and FEIN | 52. CA address

48. Policy # (including effective dates) or self-insured certificate # | City | State | Zip Code

49. Insurer FEIN | 50. Date insurer received notice | 53. CA FEIN | 54. CA claim #

55. To be completed by the **CA**: | Claim type code: | Type of loss code: | Late reason code: | Salary paid in lieu of comp? | Death result of injury?

Employer: Send copies to Insurer (or Workers' Compensation Division if no insurer), employee, and employee's union (if applicable)

GENERAL INSTRUCTIONS TO THE EMPLOYER

Employers, not employees, are responsible for completing this form. The information is needed to determine liability and entitlement to benefits. You must file this form with your insurer, and give a copy to the employee and the employee's local union office. You are required to provide the employee with a copy of the Employee Information Sheet, which is available on the Department of Labor and Industry's web site at www.dli.mn.gov.

Filing this form is not an admission of liability. You must report a claim to your insurer whenever anyone believes that a work-related injury or illness that requires medical care or where lost time from work has occurred. If the claimed injury wholly or partially incapacitates the employee for more than **three** calendar days, the claim must be made on this form and reported to your insurer within **ten** days. Your insurer may require you to file it sooner. Failure to file within the **ten** days may result in penalties. It is important to file this form quickly to allow your insurer time to investigate the claim. **Your insurer will report the injury** to the Department of Labor and Industry (Department), when necessary. Self-insured employers have 14 days to report the injury to the Department, when necessary.

If the claim involves death or serious injury (including injuries that later result in death), you must notify the Department and your insurer within 48 hours of the occurrence. The claim can be reported initially to the Department by telephone (651-284-5041), fax (651-284-5731), or personal notice. The initial notice must be followed by the filing of this form with the Department within **seven** days of the occurrence, at P.O. Box 64221, St. Paul, MN 55164-0221.

SEND THIS FORM TO YOUR INSURER IMMEDIATELY – DO NOT WAIT FOR THE DOCTOR'S REPORT

SPECIFIC INSTRUCTIONS TO THE EMPLOYER ON COMPLETING THIS FORM

- Item 2: OSHA case #. Fill in the case number from the OSHA 300 log. This form contains all items required by the OSHA form 301.
- Items 17-21: Fill in all the wage information. If the employee does not work a regularly scheduled work week, attach a 26 week wage statement so your insurer can calculate the appropriate average weekly wage. Attach a separate sheet giving the weekly value of any meals, lodging, or 2nd income paid to the employee.
- Item 20: Fill in the average number of days per week that the employee works. Also include their normal work schedule, Sunday - Saturday, by checking the appropriate boxes. If the employee's work schedule fluctuates from week-to-week, leave the boxes blank.
- Items 22-24: Be as specific as possible in describing: the events causing the injury; the nature of the injury (cut, sprain, burn, etc.), and the part(s) of body injured (back, arm, etc.); and the tools, equipment, machines, objects or substances involved.
- Item 26: Fill in the first day the employee lost any time from work (including time lost for medical treatment), even if you paid the employee for the lost time.
- Item 27: Check the appropriate box to indicate if there was lost time on the date of injury and whether you paid for that lost time.
- Item 28: Fill in the date you first became aware of the injury or illness.
- Item 29: Fill in the date you became aware that the lost time indicated in Item 26 was related to the claimed injury.
- Item 30: Leave the box blank if the employee has not returned to work by the time you file this form. If the employee has returned to work, fill in the date and answer the questions in Items 31 and 32. Notify your insurer if the employee misses time due to this injury after that date.
- Item 34: Check all the boxes that apply AT the time you file this form.
- Item 39: Fill in your Federal Employer Identification Number (FEIN). For information, see https://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Lost-or-Misplaced-Your-EIN.
- Items 40 and 44: Fill in your Unemployment ID number and North American Industry Classification System (NAICS) code, which are both assigned by the Minnesota Unemployment Insurance Program (651-296-6141).
- Items 46-54: Your insurer or claims administrator will complete this information if you do not have it available.

INSTRUCTIONS TO THE INSURER/CLAIMS ADMINISTRATOR
(For first reports of injury filed on or after Jan. 1, 2014)

Pursuant to Minnesota Statutes, section 176.231, and Minnesota Rules, part 5220.2530, insurers and self-insured employers must file with the Department's Workers' Compensation Division an electronic first report of injury, according to the requirements set out in sections 2 to 4 of the Minnesota implementation guide, in all cases where a first report of injury is required to be filed under Minnesota Statutes, chapter 176. The Minnesota implementation guide can be found on the Department's website at www.dli.mn.gov/WC/Edi.asp.

A first report of injury submitted by the insurer or self-insured employer in any other manner or format is not considered filed with the division, except for a written first report of injury on a paper form filed by a self-insured employer within seven days of death or serious injury.

If the claim does not involve lost time beyond the waiting period or potential permanent partial disability (PPD), or has not been requested to be filed by the Department, a first report of injury does **not** need to be filed.

This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354 Voice or TDD (651) 297-4198

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.

Minnesota workers' compensation system employee information sheet

What does workers' compensation pay for?

- Medical care for the work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income (there is a three-calendar-day waiting period before these benefits start).
- Benefits for permanent damage or loss of function of a body part.
- Benefits to your spouse and/or dependents if you die of a work injury.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer.

How are workers' compensation benefits paid?

Your workers' compensation benefits are paid by an insurance company or your employer, if your employer is self-insured. State law sets the benefit levels. Note: Pursuant to statute, the insurer can obtain medical information specific to your work injury without your authorization.

If the insurer *accepts* your claim for wage-loss benefits and you have been disabled for more than three calendar days:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating your claim is accepted.

- The insurer must start paying wage-loss benefits within 14 days of the date your employer knows about your work injury and lost wages. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.

If the insurer *denies* your claim for wage-loss benefits:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating it is denying primary liability for your claim. The form must clearly explain the facts and reasons why the insurer believes your injury or illness did not result from your work.

- If you disagree with the denial, you should talk with the insurance claims adjuster who is handling your claim. Your employer's insurance company can answer most questions about your claim.

  Insurer name: Phone:

- If you are not satisfied with the response you receive from the insurer and still disagree with the denial, you should contact the Department of Labor and Industry at one of the numbers listed below.

If you have other questions or need more help, call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline. Your call will be answered by experienced workers' compensation specialists, who will provide instant, accurate information and assistance.

Twin Cities and southern Minnesota: 651-284-5005 or 800-342-5354
Duluth and northern Minnesota: 218-733-7810 or 800-342-5354

Additional information is available at www.dli.mn.gov/workers/workers-compensation-workers.

Your employer is required by law to give you this information. This form may be copied or reproduced electronically. This document can be provided in audio, Braille or large print by the Department of Labor and Industry. (Updated August 2018, formatting and website address only.)

Información sobre el Sistema de Compensación a trabajadores por accidentes en Minnesota

¿Por cuales cosas paga el seguro de compensación a trabajadores?

- Atención medica por su accidente/lesión de trabajo, siempre y cuando sea razonable y necesaria.
- Beneficios parciales por pérdida de ingresos. (Hay un período de espera de tres días civiles antes de que comiencen estos beneficios.)
- Compensación por daños permanentes o por la pérdida del funcionamento de una parte del cuerpo.
- Beneficios a su cónyuge y/o sus dependientes si usted fallece como resultado de una lesión en el trabajo.
- Servicios de rehabilitación vocacional si, a causa de una lesión en el trabajo, usted no puede regresar al trabajo que tenía o a la empresa para la que trabajaba antes de sufrir dicha lesión.

¿Como se pagan los beneficios de compensación a trabajadores accidentados?

Sus beneficios de compensación a trabajadores son pagados por un asegurador o por su empleador si el está asegurado si- mismo. La ley estatal de Minnesota define los niveles de pago de beneficios. Tome nota: de acuerdo a estatutos, el asegurador de compensación podrá obtener información médica relacionada específicamente con su lesión de trabajo sin su autorización, siempre y cuando le envíe un aviso por escrito de dicha solictud al momento de hacerla.

Si la aseguranza acepta su reclamación de beneficios por pérdida de ingresos y usted ha estado incapacitado por más de tres días civiles:

- El asegurador le enviará una copia del formulario de Aviso de Determinación de Responsabilidad Principal del Asegurador (Notice of Insurer's Primary Liability Determination) indicando que aceptó su reclamación.
- El asegurador deberá comenzar a pagarle los beneficios por pérdida de ingresos. El asegurador deberá pagar los beneficios de manera puntual. Los beneficios por pérdida de ingresos se pagan a los mismos intervalos de tiempo que sus cheques de nómina.

Si el asegurador rechaza su reclamación de beneficios por pérdida de ingresos:

- El asegurador le enviará una copia del formulario de Aviso de Determinación de Responsabilidad Principal del Asegurador (Notice of Insurer's Primary Liability Determination) indicando que está rechazando la reponsabilidad principal por su reclamación. El formulario debe explicar claramente los hechos y los motivos por los cuales el asegurador cree que su lesión o enfermedad no es resultado de su trabajo.
- Si usted no está de acuerdo con el rechazo, debe hablar con el tasador de reclamaciones de seguro que esté encargado de su reclamación. La compañía de seguros de su empleador podrá responder a la mayoría de sus preguntas acerca de su reclamación.

Nombre de Aseguranza: Número de teléfono:

- Si no está satisfecho con la respuesta que reciba del empleador y aún no está de acuerdo con el rechazo, debe comunicarse con el Departamento del Trabajo y la Industria llamando a uno de los números que se indican a continuación para hablar acerca de sus opciones.

Si tiene preguntas o necesita más ayuda, llame al Departmento del Trabajo y la Industrial de Minnesota:

Ciudades gemelas el area Sur de Minnesota: 651-284-5005 or 800-342-5354
Duluth y el area norte de Minnesota: 218-733-7810 or 800-342-5354

Especialistas en compensación a trabajadores con experiencia responderán a su reclamación y le proveerán información y asistencia instantáneas y precisas.

Hay información adicional acerca de la compensación a trabajadores por accidentes en el trabajo disponible en el sitio de Internet del Departamento en www.dli.mn.gov/workers/workers-compensation-workers.

Su empleador está requerido por ley a proveerle está información. Esta formulario puede ser copiado o reproducio electrónicamente. Este documento puede ser provisto en audio, Braille o letra grande por el Departmento de Trabajo e Industria. (Updated August 2018, formatting and website address only.