



To: Our Valued Clients  
From: York Risk Services Group, Inc.  
Subject: **INSTRUCTIONS REGARDING REGULATORY CHANGES**  
**RE: California Workers' Compensation**  
***Employer Action by January 1, 2013***  
Date: December 19, 2012

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**Amendments of California Code of Regulations**  
**Effective January 1, 2013**  
Pursuant to Senate Bill 863

**"Facts About Workers' Compensation" AKA the New Hire Pamphlet**

Attached you will find an electronic version of what is known as the new hire pamphlet entitled "*Facts About Workers' Compensation*." This revised copy renders all other versions obsolete as of January 1, 2013. Please dispose of all revisions prior to January 1, 2013.

- ✓ **EMPLOYER ACTION:** All newly hired employees, on or after January 1, 2013, shall be given the newly revised pamphlet. You are not required to provide the new pamphlet to your current employees, unless they request one. There are two blank fields on the back of the "*Facts About Workers' Compensation*" that must be completed by the employer. The items that must be completed are:
- Where and to whom your employees should report work injuries.
  - You are also required to fill in the information regarding the nearest Department of Workers' Compensation Information and Assistance Office. A list of all offices is included at the bottom of this memorandum.

It is highly recommended that you have your employees acknowledge receipt of this document and that you retain their acknowledgment.

If you have Spanish speaking employees, you are required to provide the pamphlet in Spanish.

In an effort to lessen paperwork, we are providing the "*Facts About Workers' Compensation*" in electronic format. As a York customer, you may reproduce this document or use the electronic version on your website as a link.

The pamphlet, as written, has been approved by the Department of Workers' Compensation and the text may not be altered.

If you wish to have paper copies, please complete and email us the attached electronic order form and we will send you the pamphlets.

Revised 12/2012 Effective 1/2013

**DEPARTMENT OF WORKERS' COMPENSATION**  
**INFORMATION AND ASSISTANCE OFFICES**

<p><b><u>Anaheim</u></b>  1065 N. PacifiCenter Drive  Anaheim 92806-2141  (714) 414-1801</p>	<p><b><u>Oakland</u></b>  1515 Clay Street,  6th floor  Oakland, CA 94612-1519  (510) 622-2861</p>	<p><b><u>San Diego</u></b>  7575 Metropolitan Drive,  Suite 202  San Diego, CA 92108-4424  (619) 767-2082</p>
<p><b><u>Bakersfield</u></b>  1800 30th Street,  Suite 100  Bakersfield, CA 93301-1929  (661) 395-2514</p>	<p><b><u>Oxnard</u></b>  1901 N. Rice Ave., Ste. 200  Oxnard, CA 93030  (805) 485-3528</p>	<p><b><u>San Francisco</u></b>  455 Golden Gate Avenue,  2nd floor  San Francisco, CA 94102-7014  (415) 703-5020</p>
<p><b><u>Eureka</u></b>  100 "H" Street,  Room 202  Eureka, CA 95501-0481  (707) 441-5723</p>	<p><b><u>Pomona</u></b>  732 Corporate Center Drive  Pomona, CA 91768-2653  (909) 623-8568</p>	<p><b><u>San Jose</u></b>  100 Paseo de San Antonio,  Room 241  San Jose, CA 95113-1402  (408) 277-1292</p>
<p><b><u>Fresno</u></b>  2550 Mariposa Mall,  Room 2035  Fresno, CA 93721-2219  (559) 445-5355</p>	<p><b><u>Redding</u></b>  2115 Civic Center Drive  Room 15  Redding, CA 96001-2740  (530) 225-2047</p>	<p><b><u>San Luis Obispo</u></b>  4740 Allene Way,  Suite 100  San Luis Obispo, CA 93401  (805) 596-4159</p>
<p><b><u>Goleta</u></b>  6755 Hollister Avenue,  Room 100  Goleta, CA 93117-5551  (805) 968-4158</p>	<p><b><u>Riverside</u></b>  3737 Main Street,  Room 300  Riverside, CA 92501-3337  (951) 782-4347</p>	<p><b><u>Santa Ana</u></b>  605 W Santa Ana Blvd, Bldg 28  Room 451  Santa Ana, CA 92701  (714) 558-4597</p>
<p><b><u>Long Beach</u></b>  300 Oceangate Street,  Suite 200  Long Beach, CA 90802-4304  (562) 590-5240</p>	<p><b><u>Sacramento</u></b>  160 Promenade Circle,  Suite 300  Sacramento, CA 95834  (916) 928-3158</p>	<p><b><u>Santa Rosa</u></b>  50 "D" Street,  Room 420  Santa Rosa, CA 95404-4771  (707) 576-2452</p>
<p><b><u>Los Angeles</u></b>  320 W. 4th Street,  9th floor  Los Angeles, CA 90013-1954  (213) 576-7389</p>	<p><b><u>Salinas</u></b>  1880 North Main Street,  Suite 100  Salinas, CA 93906-2037  (831) 443-3058</p>	<p><b><u>Stockton</u></b>  31 East Channel Street,  Room 344  Stockton, CA 95202-2314  (209) 948-7980</p>
<p><b><u>Marina del Rey</u></b>  4720 Lincoln Blvd  2nd floor  Marina del Rey, CA 90292-6902  (310) 482-3820</p>	<p><b><u>San Bernardino</u></b>  464 W. Fourth Street,  Suite 239  San Bernardino, CA 92401-1411  (909) 383-4522</p>	<p><b><u>Van Nuys</u></b>  6150 Van Nuys Blvd.,  Room 105  Van Nuys, CA 91401-3370  (818) 901-5367</p>

**Pre-designation Of Personal Physician**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness 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 non-occupational 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/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

**Notice Of Pre-designation Of Personal Physician**

**Employee: Complete this section**

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: \_\_\_\_\_

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

Note to Employee: Unless you agree in writing, neither your employer or York may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature \_\_\_\_\_

Employee # \_\_\_\_\_ Date \_\_\_\_\_

**Physician: I agree to this Pre-designation:**

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

(Physician or Designated Employee of the Physician)

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 pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

**Notice Of Personal Chiropractic Or Personal Acupuncturist**

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C., or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor.

\_\_\_\_\_  
Name of chiropractor or acupuncturist (D.C., L.A.C.)

\_\_\_\_\_  
(street address, city, state, zip code)

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

Employee Name (Please Print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

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

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

**WHEN A WORK INJURY OCCURS...**

- **Quickly seek first aid. Call 9-1-1 for help immediately**
- **If emergency medical care is needed.**
- **Immediately report injuries to your supervisor or employer representative at \_\_\_\_\_**

**Information & Assistance Office:** \_\_\_\_\_

**Employer MUST complete this information**



# The Facts About Workers' Compensation

For dates of injury on or after

**York Risk Services Group, Inc.**  
**P.O. Box 619079**  
**Roseville, CA 95661**  
**Phone (866) 221-2402**  
**Fax (866) 548-2637**

Approved by Division of Workers' Compensation

**What is workers' compensation?** Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

**Am I Covered?** Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

**What Does Workers' Compensation Cover?** If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

**Duty Of The Employee.** Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

**Duty of the Employer:** Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

**What are the benefits?** You may be entitled to various kinds of benefits under California workers' compensation law including:

**Medical Care:** Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

**Temporary Disability Benefits:** If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

**Permanent Disability:** If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury

causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

**Supplemental Job Displacement Benefit (SJDB):** If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

**Death Benefits:** If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

**Discrimination:** It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

**Other Benefits:** Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: [www.dir.ca.gov](http://www.dir.ca.gov).

**If You Still Have Questions...**ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

#### **WORKERS' COMPENSATION FRAUD IS A FELONY**

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.

## Designación previa del médico personal

En el caso que usted sufra una lesión o enfermedad relacionada con su empleo, usted puede ser tratado por su lesión/enfermedad por su médico personal con grado de Doctor en Medicina (M.D.), Doctor en Osteopatía (D.O.) o grupo médico si: tiene seguro médico para lesiones/enfermedades que no están relacionadas al trabajo, el médico es su médico de cabecera, quien deberá ser un médico que ha limitado su práctica de medicina a la medicina general o que es un internista certificado por el consejo o internista, pediatra, gineco-obstetra, o médico de familia elegible por el consejo, y ha dirigido previamente su tratamiento médico, y conserva sus registros médicos; su "médico personal" puede ser un grupo médico si se trata de una corporación o asociación simple compuesta de médicos licenciados en medicina u osteopatía, que opera un grupo médico de múltiples especialidades integradas que presta servicios médicos integrales sobre todo para enfermedades y lesiones no ocupacionales; antes de la lesión su médico está de acuerdo en darle el tratamiento para lesiones o enfermedades ocupacionales; antes de la lesión usted proporcionó a su empleador por escrito lo siguiente: (1) notificación de que usted desea que su médico personal le trate por una lesión o enfermedad relacionada con el trabajo y (2) el nombre y dirección comerciales de su médico personal.

Usted puede utilizar este formulario, proporcionado por su empleador o proporcionar toda la información por escrito para notificar a su empleador si desea que su médico personal con grado de Doctor en Medicina o Doctor en Osteopatía le trate por su lesión/enfermedad relacionada con el trabajo y se cumplen los requisitos mencionados anteriormente.

### Aviso de Designación Previa de Médico Personal

#### Empleado(a): Complete esta sección

Empleador \_\_\_\_\_  
Si tengo una enfermedad o lesión relacionada con el trabajo, elijo ser tratado(a) por:

\_\_\_\_\_  
(Nombre del médico) (M.D., D.O., o grupo médico)

\_\_\_\_\_  
(dirección calle, ciudad, estado, código postal)

\_\_\_\_\_  
(número de teléfono)

Nombre de empleado (por favor usar letra de imprenta): \_\_\_\_\_

Dirección del empleado: \_\_\_\_\_

Firma del empleado: \_\_\_\_\_ Fecha \_\_\_\_\_

Nota para el Empleado: A menos que usted esté de acuerdo por escrito, ni su empleador ni York pueden comunicarse con su médico personal para confirmar una designación previa. Si su médico no firma este formulario, será necesaria otra documentación que confirme la aceptación en ser designado antes de la lesión. Si usted está de acuerdo, su empleador o York pueden comunicarse con su médico personal para confirmar esta designación previa, firme y coloque la fecha a continuación:

Firma del empleado \_\_\_\_\_

Empleado n° \_\_\_\_\_ Fecha \_\_\_\_\_

#### Médico: Acepto esta designación previa:

Firma: \_\_\_\_\_ Fecha \_\_\_\_\_

(Médico o Empleado Designado del Médico)

No se exige que el médico firme este formulario; sin embargo, si el médico o empleado designado del médico o grupo médico no firma, se exigirá otro documento de la aceptación del médico de la designación previa en conformidad con el Título 8, Código de Normas de California, sección 9780.1(a)(3).

## Aviso del Quiropráctico o Acupunturista Personal

Si su empleador o aseguradora de su empleador no tiene una Red de Proveedores Médicos (MPN por sus siglas en inglés), usted puede cambiar que su médico tratante sea su quiropráctico (D.C., por sus siglas en inglés) o acupunturista (L.AC., por sus siglas en inglés) personales luego de una lesión/enfermedad relacionada con el trabajo. A fin de ser elegible para hacer este cambio, usted debe dar a su empleador el nombre y dirección comercial de un quiropráctico o acupunturista personales por escrito antes de la lesión/enfermedad. York generalmente tiene el derecho de seleccionar a su médico tratante en el periodo de los primeros 30 días luego que su empleador se entere de su lesión/enfermedad. Después que su empleador o York hayan iniciado su tratamiento con otro médico durante este período, usted podrá, previa solicitud, hacer que su tratamiento sea transferido a su quiropráctico o acupunturista personales. Usted puede usar este formulario para notificar a su empleador acerca de su quiropráctico o acupunturista personales, o su empleador puede tener su propio formulario. El D.C. o L.AC. deben ser su D.C. o L.AC. habituales que han dirigido su tratamiento y conservan sus registros e historia de quiropraxia. Si su empleador tiene una red de proveedores médicos (MPN, por sus siglas en inglés), usted sólo puede cambiar a un D.C. o L.AC. dentro de la MPN. Si un quiropráctico no puede ser su médico tratante después de 24 visitas. Si aún requiere de tratamiento médico de ahí en adelante, tendrá que elegir un médico que no sea quiropráctico.

\_\_\_\_\_  
Nombre del quiropráctico o acupunturista (D.C., L.AC.)

\_\_\_\_\_  
(dirección calle, ciudad, estado, código postal)

\_\_\_\_\_  
(número de teléfono)

Nombre de empleado (Por favor use letra de imprenta): \_\_\_\_\_

Dirección del empleado: \_\_\_\_\_

\_\_\_\_\_  
Firma del empleado: \_\_\_\_\_

\_\_\_\_\_  
Fecha: \_\_\_\_\_

#### CUANDO OCURRE UNA LESIÓN EN EL TRABAJO ...

- Busque rápidamente primeros auxilios. Llame al 9-1-1 para solicitar ayuda inmediata
- Si es una emergencia, se requiere atención médica.
- Informe inmediatamente las lesiones a su supervisor o representante del empleador en \_\_\_\_\_

\_\_\_\_\_  
Oficina de Información y Asistencia:

\_\_\_\_\_  
\_\_\_\_\_

#### El empleador DEBE completar esta información



# Información Acerca de Compensación del Trabajador

Para lesiones en fechas a partir del  
1 de enero de 2013

York Risk Services Group, Inc.  
P.O. Box 619079  
Roseville, CA 95661  
Teléfono (866) 221-2402  
Fax (866) 548-2637

**¿Qué es la compensación del trabajador?** Su propósito es asegurar que un empleado que sufre una lesión o enfermedad ocupacional reciba beneficios para curar o aliviar médicamente los efectos de la lesión/enfermedad, proporcionar compensación temporal, cuando el empleado sea médicamente incapaz de realizar cualquier función ocupacional, compensación por cualquier discapacidad residual y/o impedimento de la función corporal, beneficios para los dependientes si un empleado fallece como consecuencia de una lesión/enfermedad, protección contra la discriminación de su empleador debido a la lesión/enfermedad.

**¿Tengo cobertura?** Casi todas las personas empleadas en California están protegidas por la compensación del trabajador; sin embargo hay algunas excepciones. Las personas que trabajan de manera independiente o trabajadores voluntarios no pueden tener cobertura. Leyes similares cubren a los trabajadores federales y marítimos. Su empleador está lícitamente autoasegurado. York Risk Services Group (York) es el administrador de reclamaciones de su empleador. Su empleador o York pueden responder a cualquier pregunta que usted tenga acerca de la cobertura.

**¿Qué cubre la Compensación del Trabajador?** Si usted tiene una lesión/enfermedad debido a su trabajo, usted tiene cobertura. La causa puede ser un solo evento, como una caída, o puede ser debido a exposiciones repetidas, como la pérdida de audición debido al ruido fuerte y constante. Las lesiones que varían desde primeros auxilios a accidentes graves tienen cobertura. Incluso las lesiones relacionadas con un delito en el lugar de trabajo, tales como lesiones físicas o psicológicas, tienen cobertura de la compensación del trabajador. Algunas lesiones que resultan de actividades voluntarias, como actividades sociales o deportivas fuera del servicio, no pueden tener cobertura. Consulte con su empleador o York si usted tiene preguntas. La cobertura comienza en el momento de empezar su trabajo. No hay periodo de prueba o tarifa de salario.

**Deber del Empleado.** Notifique inmediatamente a su empleador o York de manera que usted pueda conseguir la ayuda médica que usted necesita sin demora. Si su lesión es mayor que una lesión de primeros auxilios, su supervisor le dará un Formulario de Reclamación (Formulario DWC-1) para que usted describa dónde, cuándo y cómo sucedió. Para presentar una reclamación, complete la sección "Empleado" del DWC-1. Guarde una copia de este formulario y entregue las páginas restantes a su supervisor. Su empleador deberá completar la sección "Empleador" y entregarle una copia firmada y fechada. Su empleador conservará una copia de este formulario y enviará otra a York. York está a cargo de manejar su reclamación e informarle a usted acerca de su elegibilidad para recibir beneficios.

Sus beneficios de reclamación no se inician hasta que su empleador se entere de su lesión, por ello informe y presente el DWC-1 tan pronto como sea posible. Las leyes de California exigen que su empleador autorice el tratamiento médico en el plazo de un día hábil luego de haber recibido su Formulario de Reclamación. Los empleadores son responsables de un máximo de \$10,000 por el tratamiento en espera de una decisión de York sobre la aceptación o rechazo de una reclamación. Esperar el informe puede retrasar los beneficios de indemnización del trabajador. Usted no puede recibir beneficios si no presenta una reclamación en el periodo de un año luego de la fecha de la lesión, la fecha en que usted se entera que su lesión era ocupacional, o la fecha en que se proporcionaron por última vez los beneficios.

**Deber del Empleador:** Entregue este formulario a todos los empleados en el momento de la contratación o al final de su primer período de pago.

En el periodo de un día hábil, al conocer o recibir aviso por parte de cualquier fuente de una lesión/enfermedad ocupacional mayor que primeros auxilios, entregue al empleado un formulario de reclamación (DWC-1) y autorice tratamiento médico e informe la reclamación a York Risk Services Group.

**¿Cuáles son los beneficios?** Usted puede tener derecho a diversos tipos de beneficios en virtud de la ley de compensación del trabajador de California, incluyendo:

**Atención médica:** El tratamiento médico que sea razonablemente necesario para curar o aliviar al trabajador lesionado de los efectos de la lesión/enfermedad. No hay deducible ni copago. Estos beneficios médicos pueden incluir análisis de laboratorio, terapia física, servicios de hospital, medicamentos y tratamiento por un médico. La ley estatal limita ciertos servicios médicos a partir del 1 de enero de 2004. Usted nunca debe recibir una factura médica. Si el tratamiento adicional es necesario, York coordinará la atención médica que cumpla con las normas aplicables de tratamiento para la lesión. El médico puede ser un especialista para su tipo específico de lesión, deberá conocer los requisitos de compensación del trabajador e informará con prontitud a York de manera que se paguen sus beneficios.

El médico con la responsabilidad general del tratamiento de su lesión/enfermedad es el médico de atención primaria (PTP, por sus siglas en inglés). El PTP decide qué tipo de atención médica usted necesita y si usted tiene restricciones de trabajo. Si es necesario, el PTP revisará la descripción de su trabajo con usted y su empleador para definir cualquier limitación o restricción que usted pueda tener. Este médico también es responsable de coordinar la atención entre los demás proveedores de servicios médicos y, si es una lesión grave, escribirá los informes sobre cualquier discapacidad permanente de las funciones corporales o la necesidad de atención médica en el futuro. Generalmente, su empleador selecciona al PTP que usted verá durante los primeros 30 días, pero si usted desea cambiar de médico por cualquier motivo, pregunte a su empleador o York. A su empleador le interesa tanto como a usted su pronta recuperación y retorno al trabajo y seleccionará a un médico diferente para usted. Si su empleador tiene una Red de Proveedores Médicos (MPN, por sus siglas en inglés), usted será dirigido a tratarse con un médico dentro de la MPN y se aplican reglas diferentes sobre cómo cambiar a su médico.

Usted puede ser tratado por su médico personal o grupo médico de inmediato si tiene seguro médico para lesiones o enfermedades que no estén relacionadas al trabajo, y si su médico estuvo de acuerdo por adelantado en darle el tratamiento para las lesiones o enfermedades ocupacionales y ha dirigido previamente su tratamiento y conserva sus registros médicos y está de acuerdo, antes de su lesión/enfermedad, en atenderle por sus lesiones o enfermedades ocupacionales, y usted entregó a su empleador el nombre de su médico y la dirección por escrito antes de la lesión. Usted puede utilizar el formulario dentro de este folleto o su empleador puede tener un formulario para que usted lo utilice.

Si usted da el nombre de su quiropráctico o acupunturista personal, se aplican reglas diferentes, y usted puede necesitar ver primero a un médico seleccionado por el empleador.

**Beneficios de discapacidad temporal:** Si usted no es médicamente capaz de trabajar durante más de tres días debido a su lesión relacionada con el trabajo, contando los fines de semana, usted tiene el derecho a pagos de discapacidad temporal (TD, por sus siglas en inglés) para ayudarle en la sustitución de sus salarios perdidos. Después de dos semanas a partir de la presentación del informe de la lesión, usted recibirá un cheque. Si su empleador tiene un plan de continuación de salario, sus beneficios pueden ser incluidos en su cheque de pago habitual. TD se paga cada 14 días hasta que el médico declare que usted puede retornar al trabajo (sin embargo los pagos no se hacen durante los primeros tres días, a menos que usted esté hospitalizado o no pueda trabajar más de 14 días). El monto de los pagos será dos tercios de su salario promedio sujetos a los mínimos y máximos establecidos por la legislatura estatal. Aunque el pago por discapacidad temporal no será el monto total de su cheque de pago habitual, no hay deducciones y los pagos están libres de impuestos. Para lesiones que ocurren a partir del 1 de enero de 2008, los pagos por discapacidad temporal se limitan a 104 semanas compensables en el periodo de cinco años luego de la fecha de la lesión. Para unas pocas lesiones a largo plazo, tales como enfermedad pulmonar crónica o quemaduras severas, los pagos por discapacidad temporal pueden durar hasta 240 semanas en el periodo de cinco años a partir de la fecha de la lesión. Si usted alcanza el máximo pago por discapacidad temporal antes que usted pueda retornar al trabajo, su condición se convierte en permanente y estacionaria. Vea la sección "Otros Beneficios" de este folleto para más en la información. La presentación oportuna al Departamento de Desarrollo de Empleo puede dar lugar a beneficios Estatales de Discapacidad adicionales cuando los beneficios por discapacidad temporal se retrasan, deniegan o cancelan.

**Discapacidad permanente:** Si su médico dice que su lesión siempre le dejará con cierta discapacidad permanente de las funciones corporales, usted puede recibir pagos de discapacidad permanente (PD, por sus siglas en inglés). El monto depende del informe médico, la cantidad de discapacidad permanente que fue causada directamente por su trabajo, y factores como su edad, ocupación, tipo de lesión, y fecha de la lesión. La ley estatal determina los montos mínimos y máximos, y varían según la fecha de la lesión. Si usted tiene derecho a discapacidad permanente, York le enviará una carta explicando cómo se calculó el beneficio. Si la lesión causa discapacidad permanente, el primer pago vence en el periodo de 14 días a partir del pago final por discapacidad temporal, salvo que su empleador le haya ofrecido a usted un puesto de trabajo que pague un mínimo del 85% del salario de su fecha de lesión o si regresó a un puesto de trabajo que paga el 100% del salario y, las prestaciones pagadas a usted en la fecha de la lesión, la discapacidad permanente se pagará después que se emita la adjudicación.

**Beneficio complementario por desplazamiento laboral(SJDB, por sus siglas en inglés):** Si usted tiene una discapacidad permanente, la elegibilidad para el beneficio

complementario por desplazamiento laboral comienza cuando su empleador no tiene trabajo regular, permanente, modificado o alternativo en un periodo de 60 días a partir del recibo de un informe de Mejoría Máxima Médica (MMI por sus siglas en inglés). Esto es un vale no transferible para cuotas de reentrenamiento y/o desarrollo de habilidades relacionadas con la educación en escuelas autorizadas por el estado, herramientas, autorización de licencias y certificación así como otros recursos como beneficios posibles. Si usted califica para el beneficio complementario por desplazamiento laboral, York ofrecerá un vale por un monto máximo de \$6,000.

**Beneficios por defunción:** Si la lesión/enfermedad causa la muerte, los pagos se pueden efectuar a sus dependientes. Las leyes estatales establecen estos beneficios y el beneficio total depende del número de dependientes. Los pagos se hacen a la misma tarifa que los pagos por discapacidad temporal. Además, la compensación del trabajador ofrece un monto asignado por concepto de sepelio.

**Discriminación:** Es una infracción del Código Laboral, Sección 132(a) e ilegal que su empleador le castigue o despidan por sufrir una lesión/enfermedad ocupacional, presentar una reclamación o atestiguar en el caso de compensación del trabajador de otra persona. Si su empleador es declarado culpable de discriminación, usted tendría derecho a un aumento de beneficios, restitución y reembolso de los salarios y beneficios perdidos.

**Otros beneficios:** A veces se confunde la compensación del trabajador con el Seguro Estatal de Discapacidad (SDI, por sus siglas en inglés). La compensación del trabajador las lesiones/enfermedades ocupacionales, y es pagada por su empleador o su aseguradora. Por otro lado, el SDI cubre las lesiones o enfermedades ocurridas fuera del trabajo, y es pagado mediante deducciones de su cheque de pagos. Si usted no está recibiendo beneficios de compensación del trabajador, puede ser capaz de obtener los beneficios de Discapacidad del Estado. Póngase en contacto con la oficina local del Departamento de Desarrollo de Empleo del Estado que aparece en las páginas gubernamentales de su directorio telefónico para obtener más información.

Puede ser elegible para acceder al fondo de regreso al trabajo, con el fin de hacer pagos complementarios a trabajadores lesionados cuyos beneficios de discapacidad permanente son desproporcionalmente bajos en comparación con su pérdida de ganancias. Si tiene alguna pregunta o cree que califica, póngase en contacto con la oficina de Información y asistencia indicada en este folleto o visite el sitio web de DIR en: [www.dir.ca.gov](http://www.dir.ca.gov).

**Si usted todavía tiene preguntas...** pregunte a su supervisor o representante del empleador. O póngase en contacto con York llamando al número que se indica en los afiches de compensación del trabajador colocados en el trabajo y en este folleto. También puede comunicarse con la División Estatal de Compensación del Trabajador (DWC, por sus siglas en inglés) y hablar con un Funcionario de Información y Asistencia. Estos funcionarios están disponibles para examinar los problemas, responder preguntas y proporcionar información adicional escrita sobre la compensación del trabajador de manera gratuita. La oficina local se muestra a continuación y se publicará en su lugar de trabajo. Usted también puede llamar al 800-736-7401 o visitar el sitio web de DWC: <http://www.dir.ca.gov/dwc>

### EL FRAUDE DE COMPENSACIÓN LABORAL ES UN DELITO GRAVE

Toda persona que haga o disponga que se haga una declaración material deliberadamente falsa o fraudulenta con el fin de obtener o denegar los beneficios o pagos de la compensación laboral es culpable de un delito grave. Las multas pueden ser de hasta un máximo de \$150,000 y el encarcelamiento de hasta un máximo de cinco años.

**REVISED EFFECTIVE JANUARY 1, 2013**  
**PRE-DESIGNATION OF PERSONAL PHYSICIAN**

The law allows for the injured employee to select their personal physician in advance of a work injury or illness as their pre-designated personal physician. Pre-designation is one of the most aggravating of the medical benefits and raises the most questions from employers during our educational sessions. In this paper, we are going to lead you through your legal duties and share the questions most asked by employers.

The law also allows for the employee to notify you, in writing, if they wish to be treated by their personal chiropractor or acupuncturist.

**DUTY OF THE EMPLOYER**

At the time of hire, or by the end of the first pay period (CCR 9880, 9782(b)), the employer is to provide each employee with information about their workers' compensation rights, including the employee's right to pre-designate their personal physician or notify you they wish to be treated by their personal chiropractor or acupuncturist.

The employer may use the State's optional forms (Form 9783 for physician; Form 9783.1 chiropractor/acupuncturist) *OR* the employer may create their own form *OR* the employee may provide you the information on the back of a napkin or a scrap of paper.

The employer, within one day of knowledge of injury/illness, should direct the employee to the employer's designated first injury clinic *OR* the employee's valid pre-designated physician.

*Why would I send the employee to our clinic and not directly to their pre-designated physician?*

Sometimes the pre-designated physician cannot see the employee quickly, or has changed their policy regarding treating workers' compensation. It is important to have your employee evaluated and/or receive treatment as quickly as possible.

*If I send the employee to our first injury clinic, are they giving up their right to see their pre-designated physician?*

No. They can still go to their pre-designated physician as soon as the employee can get an appointment with them. However, the employee may decide to continue to treat with your first injury clinic and not seek care from their pre-designated physician.

*What if the employee notified us in writing or via the optional form of their wish to be treated by their personal chiropractor or acupuncturist?*

The right of the employer is to send the employee to your designated first injury clinic. THEREAFTER, the employee may seek treatment with their personal chiropractor or acupuncturist.

*What if we didn't give the employee their rights regarding pre-designation at the time of hire?*

Send the employee to your first care clinic. If the employee litigates or discovers they were not provided their rights, they (or their attorney) can then take control of their medical treatment and select a physician to treat them. You should also insure you give all your employees information about their rights if you discover they have not been provided in the past.

**HINT:** Have each employee sign or initial receipt of any new hire documents including the information entitled "Facts About Workers' Compensation" which includes the pre-designation information and the optional form. There may be a time where we request this information to defend the claim.

*What if we have a Medical Provider Network (MPN), can the employee pre-designate?*

Yes. Remember, if the employee pre-designates, you do not have medical control of the claim. If you have an MPN, you retain lifetime medical control.

If you do not have an MPN, the employee has the right to change their treating physician after 30 days without a pre-designation.

*Do I have to notify my employees annually about their right to pre-designate?*

No. Only at the time of hire and if the State's Rules and Regulations would require re-notification due to a change in the law. However, if your policy is to remind or notify your employees annually, you may do so.

*What if my employee insists on pre-designating more than one doctor?*

The law is silent. The employee must provide a valid completed form for each personal physician.

### **DUTY OF THE EMPLOYEE**

The employee is to complete either the optional form or your form and return it to you **PRIOR** to any injury or illness. They may select their personal physician who:

- Is the employee's personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group who
- Has previously directed the employee's medical treatment, retains their medical records AND
- Is a Board certified or Board-eligible internist, pediatrician, obstetrician-gynecologist or family practitioner.
- The employee must provide the employer with the doctor's name, address, phone number



- The employee must obtain the signature of the physician OR from the physician's designated employee OR provide some other documentation that the physician agrees to be pre-designated.

*NEW: As of January 1, 2013, the employee must have health care insurance for injuries or illnesses that are not work related. The health care coverage can be provided by their employer, their spouse's employer, a purchased policy, etc.*

### DUTY OF THE PRE-DESIGNATED PHYSICIAN

- ✓ The physician agrees to be pre-designated prior to the injury/illness.
- ✓ The physician MAY sign the optional form or your form/or the back of the paper sack, as documentation of such agreement OR, the physician may authorize a designated employee of the physician to sign on his/her behalf.
- ✓ If the physician or designated person does not sign the form, there must be other documentation that the physician agrees to be pre-designated prior to the injury in order to satisfy this requirement.

*What if the employee doesn't obtain the physician's signature or if the physician refuses to sign the form or provide other documentation?*

The pre-designation must meet all the requirements to be valid.

*Can the employer or TPA contact the employee's pre-designated physician to determine if the physician agrees to the pre-designation?*

No. *UNLESS* you have the express written consent from the employee in advance of contacting their physician. (CCR 9780.1(f))

*Define "Personal Physician."*

- ✓ The employee's regular physician and surgeon
- ✓ Licensed pursuant to Chapter 5, Division 2, beginning with Section 2 of the Business and Professions Code (which, by the way, partly states that the physician is licensed to provide drugs, use devices, penetrate human tissue, sever human tissue)
- ✓ Who has been the employee's primary care physician and has previously directed the medical treatment of the employee **AND**
- ✓ Who retains the employee's medical records including their medical history
- ✓ It may include a medical group

*What if an employee wants to inform me of their wish to be treated by their personal chiropractor or acupuncturist?*

If you do not have an MPN, the employee may be able to change their treating physician to their personal chiropractor or acupuncturist following a work injury/illness AND after they have been directed to your first injury clinic. The employee must provide the employer the name and address of their personal chiropractor or acupuncturist in writing, prior to the injury. After the employee's treatment has been initiated with another physician (generally your first injury clinic) the employee may request to have their treatment transferred to their personal chiropractor or acupuncturist.

**NEW: A chiropractor cannot be the employee's treating physician after they have received 24 chiropractic visits. The term "visits" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once the employee/patient has received 24 chiropractic visits, and they still require medical treatment, the employee will have to select a new physician who is not a chiropractor.**

If you have an MPN, the employee can request a change to a chiropractor or acupuncturist only WITHIN your MPN. (CCR 9783.1) If they have received 24 chiropractic visits as noted above, the employee will have to select a physician within the MPN who is not a chiropractor.

*If the employee has notified us they have a personal chiropractor or acupuncturist, does the employee have to wait 30 days to make the change from our first care clinic?*

No. They can do it any time after they have been seen by your first injury clinic.

*Is there a mandatory form for the employee to use to notify us of their personal chiropractor or acupuncturist?*

No. There is an optional form, Form DWC 9783.1 entitled *Notice of Personal Chiropractor or Personal Acupuncturist* OR you can create your own OR the employee can provide the information on the back of a napkin or scrap of paper.

*Does the Chiropractor or Acupuncturist have to sign the form?*

No. There is no requirement for a signature, only that the employee gives you the name, address and telephone number and the employee sign the form AND;

- ✓ The chiropractor (DC) or acupuncturist (LAC) must be the employee's regular chiropractor or acupuncturist
- ✓ The DC or LAC must have directed the employee's treatment and
- ✓ Retains the employee's records and history.



# Order Form

Please fax or e-mail your request form to:  
 Cynthia Le, Client Services Administrative Assistant  
 Phone #: (909) 942-4802  
 Fax #: (866) 548-2637  
 Email Address: cynthia.le@yorkrsg.com

Date Requested: \_\_\_\_\_

Requested By: \_\_\_\_\_

[Name] \_\_\_\_\_

Shipping Information (if different)

[Title] \_\_\_\_\_

[Name] \_\_\_\_\_

[Company Name] \_\_\_\_\_

[Title] \_\_\_\_\_

[Street Address] \_\_\_\_\_

[Company Name] \_\_\_\_\_

[City, ST ZIP Code] \_\_\_\_\_

[City, ST ZIP Code] \_\_\_\_\_

[Email] \_\_\_\_\_

[Email] \_\_\_\_\_

[Phone] \_\_\_\_\_

[Phone] \_\_\_\_\_

Description of Items to Order	Quantity of Request	English/Spanish
<input type="checkbox"/> 5020 Form		
<input type="checkbox"/> DWC-1 Form		
<input type="checkbox"/> Fraud Poster		
<input type="checkbox"/> Posting Notice		
<input type="checkbox"/> Facts About Workers' Compensation		

**\*As a valued York client, please feel free to make copies and distribute our State approved electronic version of the Facts About Workers' Compensation pamphlet. However, you may not change any of the approved language in the pamphlet before distributing.**